DRAFT

Department of Housing and Urban Development

Form HUD-50058 Family Report
MTCS Technical Reference Guide

May 15, 2000

Office of Public and Indian Housing
Office of Information Technology

1.0 Introduction

The *Form HUD-50058 Family Report Technical Reference Guide* provides information needed to develop software to capture and edit Form HUD-50058 data and prepare it for submission to the US Department of Housing and Urban Development (HUD).

Multifamily Tenant Characteristics System (MTCS) is a HUD system that captures and stores tenant information contained in the Form HUD-50058 and submitted to HUD. MTCS also generates various reports from the data stored in its database.

The *Guide* contains all the data descriptions and data edit requirements necessary to design software that will follow the Form HUD-50058 (xx/2000) to transmit data to MTCS.

2.0 Intended Audience

HUD developed the *Form HUD-50058 Technical Reference Guide* for PHAs and software vendors who develop software to capture and store Form HUD-50058 data and to view transmission error reports.

The MTCS development team at HUD Headquarters also uses the *Guide* to develop the edit and validation process for MTCS data.

3.0 Summary

The *Guide* contains the following information:

- Summary of the Form HUD-50058
- Transmission file layout description
- Descriptions of each field in the transmission file layout and edits
- Cross reference between the data lines in Form HUD-50058 and the data field positions in the transmission file
- xx/2000 version of the Form HUD-50058

4.0 Questions

Users of this Guide should post their questions to the Form HUD-50058 Technical Reference Guide Forum on the MTCS Website. The address for this forum is http://www.hud.gov/pih/systems/mtcs/forums.html. HUD monitors and responds to questions posted to this forum on a regular basis. HUD will answer questions on this guide as responses to the forum questions.

Additionally, HUD will post notice of changes to this guide in Quick Update! on the MTCS Website. HUD will post the actual changes to the MTCS Documentation web page in the same location as this original Guide. Users of the Guide should check the MTCS Documentation web page periodically for updates. The address for the MTCS Documentation page is **http://www.hud.gov/pih/systems/mtcs/document.html**.

5.0 Form HUD-50058, Family Report

The Form HUD-50058 captures information about residents who live in Public and Indian housing and receive Section 8 rental subsidies. The form contains:

- Demographic information for all members of the household
- Citizenship information
- Income information
- Rent calculations

PHAs who administer PIH's rental subsidy programs collect this tenant data and send it to HUD electronically. HUD uses the information for the following purposes:

- Support the analysis of policy, legislative, budget, and program management initiatives and evaluations
- Determine the accuracy of subsidy payments
- Detect fraud
- Monitor the efforts of project administrators, including Public and Indian Housing Agencies
- Provide demographic information on program participants to support HUD management, HUD Field Office, and Public Housing Agency (PHA) program objectives
- Monitor compliance with income reporting requirements and related eligibility factors
- Produce demographic information that describes the present occupancy of resident communities to Congress, sister Federal agencies, and special housing-related interest groups
- Perform income matching with the Social Security Administration and the Internal Revenue Service
- Monitor the accuracy of subsidy payments

Use the Form HUD-50058, the Form HUD-50058 Instruction Booklet along with this *Guide* to understand the flow of the information and to develop or modify software.

6.0 Transmission File Layout Description

An MTCS transmission file is an ASCII flat file that contains information of one or more families. HUD receives the file submitted by PHAs and vendors to MTCS, extracts information from the file, and performs edits and validations before MTCS stores the information into the database.

6.1 Transmission File Granularity

A transmission file contains information of one or more *families*; each family contains multiple *records*; and each record contains multiple *data fields*.

6.1.1 Family

The first level of transmission file breakdown is at the family level shown in Figure 6.1.

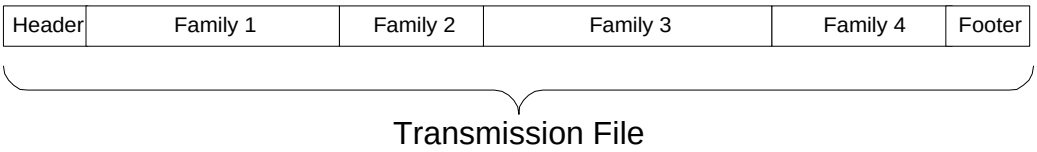


Figure 6.1 An Example of Family Layout in a Transmission File

A transmission file must have a Header record and a Footer record. In between the Header and the Footer are families. Families may take spaces of different sizes in the file because some families may have more information than others.

6.1.2 Record

The next level of transmission file breakdown is the record. For each family, there are many records each of which contains specific information of the family. Figure 6.2 shows an example of all the records in a family.

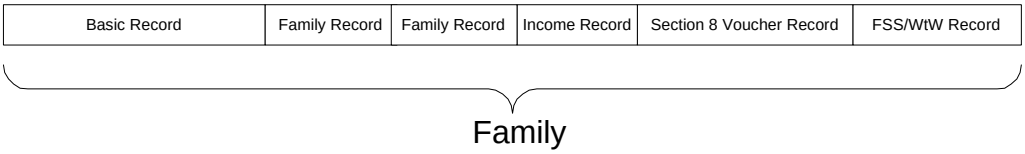


Figure 6.2 An Example of Record layout in a Family

A record contains information from certain section(s) of Form HUD-50085. Table 6.1 lists all the possible records and their respective form sections.

Record Name	Record Identifier	Relevant 50058 Section(s)	Record Type
Transmission Header	MHR58	None	Mandatory
Basic Record	B	Sections 1, 2, 3, 4, 5, 6, 7, 8, 9	Mandatory
Family Record	T	Section 3	Mandatory
Income Record	I	Section 7	Optional
Public Housing Record	P	Section 10	Selective
Indian Housing Record	N	Section 16	Selective
Section 8 Certificate	C	Section 11	Selective

Record			
Section 8 Voucher Record	V	Section 12	Selective
Mod Rehab Record	R	Section 13	Selective
Manufactured Homeowner Record	M	Section 14	Selective
Homeownership Record	H	Section 15	Selective
FSS/WtW Record	F	Section 17	Selective
Transmission Footer	MND58	None	Mandatory

Table 6.1 All Possible Records in a Family

Depending on the PIH program and action type of the submission, a family may have different record compositions. Section 6.2 describes the general rules about which records constitute a family in different circumstances.

6.1.3 Data Fields

Data fields are the atomic units in a transmission file. In most cases, each data field corresponds to one line item on the paper Form HUD-50058. The Edits and Validation section gives a detailed description of all the data fields in all the records, their sizes and positions in the respective records, their cross references between line numbers on the paper Form HUD-50058, along with their edits. Figure 6.3 shows the data field layout in the Basic Record.

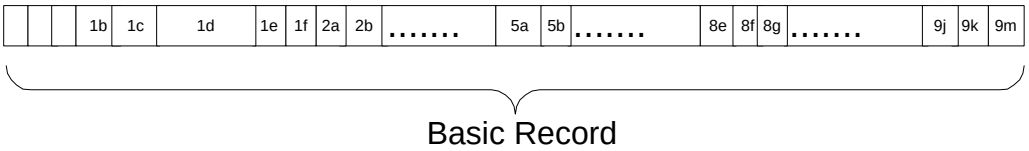


Figure 6.3 Data Field Layout in Basic Record

As illustrated in the Edits and Validation section, every record starts with a record identifier field and a record number data field. In the Basic Record, the third data field is Date Modified with no line number in the Form HUD-50058. All other fields are sequentially laid out in the record and identified by corresponding field line numbers in the Form HUD-50058.

6.2 General Rules on Transmitting Records

As indicated in Table 6.1, there are three types of records: mandatory records, selective records and optional.

- **Mandatory record**s identify the family and must be transmitted.
- **Selective record**s for each family are determined by:
  - ⇒ Program Code (line 1c in the HUD-50058)
  - ⇒ Action Type (line 2a in the HUD-50058)

  For example, if 1c is valued 'P' (for Public Housing) and 2a is valued

1 (for New Admission), a Public Housing Record (Record Identifier 'P'), and for each family member, a Family Record (Record Identifier 'T') must be included in the transmission file.

- **Optional record**s include only income records. They are needed only if the information in the records exist. If the family does not have income of any type, there is no need to include an Income Record in the transmission file.

When a PHA or a vendor transmits an entire Form HUD-50058, a data transmission must contain these records for a family:

- Transmission Header Record (mandatory, Record identifier equals 'MHR58')
- 50058 Basic Record (mandatory, Record Identifier equals 'B')
- 50058 Family Record (mandatory, Record Identifier equals 'T') for each member of the family
- If the family has any income, a 50058 Income Record (optional, Record Identifier equals 'I'), for each member of the family and the source of income.
- One of the selective program records:
  - 50058 Public Housing Record (Record Identifier equals 'P')
  - 50058 Indian Mutual Help Record (Record Identifier equals 'N')
  - 50058 Certificate Record (Record Identifier equals 'C')
  - 50058 Voucher Record (Record Identifier equals 'V')
  - 50058 Mod Rehab Record (Record Identifier equals 'R')
  - 50058 Manufactured Homeowner Record (Record Identifier equals 'M)'
  - 50058 Homeownership Record (Record Identifier equals 'H')
- If any family member participates in the FSS program or if the family receives a Welfare to Work (WtW) Voucher, 50058 FSS/WtW Addendum Record (selective, Record Identifier equals 'F'). The FSS/WtW Addendum Record can come with or without any selective program record.
- Transmission Footer Record (mandatory, Record identifier equals 'MNR58')

6.3 Special Instructions for Some Action Types

The Transmission File Layout section gives a complete list of data fields and their edits of all the records in the transmission file. Although the Basic and Family Records are mandatory for all families, for some action types (2a values), HUD needs to know minimum information to identify a family and requires PHAs or vendors only to submit data values for certain data fields. Table 6.2 lists these special action types, the corresponding required data fields and the corresponding optional data fields (referred by their line numbers).

Action	Action	Basic Record	Family	Others

Code	Type	Required	Optional	Record Required	Required
2a = 5	Portability Move-out	1b, 1c, *1d*, *1e*, *1f*, 2a, 2b, 2c, [2d, 2e, 2f, 2g,] 3n for 3a='1', 8z		3a thru 3n for 3h='H' only	None
2a = 6	End of Participation	1b, 1c, *1d, 1e, 1f*, 2a, 2b, 2c, [2d, 2e, 2f, 2g,] 3n for 3a='1', *8e,* 8z, 9m		3a thru 3n for 3h='H' only	None
2a = 8	FSS/WtW Only	1b, 1c, *1d*, 1e, *1f*, 2a, 2b, 2c, [2d, 2e, 2f, 2g,] 2k, 3n (for 3a='1'), 8z,		3a thru 3n for 3h='H' only	FSS/WtW Record
2a = 9	Annual Reexamination Searching	1b, 1c, *1d, 1e, 1f*, 2a, 2b, 2c, [2d, 2e, 2f, 2g,] 2i, 3n for 3a='1', 3t, 3u, 3v, 6f, 6g, 6h, 6i, 6j, 7i, 8f thru 8t, *8u,* 8x, 8y, 8z, 8aa, 9a thru 9k,	2k, 2m, 2n, 3w	3a thru 3n for 3h='H' only	None
2a = 10	Issuance of Voucher	1b, 1c, 2a, 2b, 2c, [2d, 2e, 2f, 2g,] 3n for 3a='1', 3t, 4b, 4c, 7i	2k, 2m, 2n	3a thru 3n for 3h='H' and ('S' or 'K')	12a only in Voucher Record
2a = 11	Expiration of Voucher	1b, 1c, 2a, 2b, 2c, [2d, 2e, 2f, 2g,] 3n for 3a='1', 7i		3a thru 3n for 3h='H' only	None
2a = 12	Flat Rent Annual Update	1b, 1c, *1d*, *1e*, *1f*, 2a, 2b, 2c, [2d, 2e, 2f, 2g,], *2j*, 3n for 3a='1', 3t, 3u, 3v, 5a, 5b, [5c,] 5d, *5e, 5f, [5g,]*	2k, 2m, 2n, 3w	3a thru 3n for 3h='H' only	None
2a = 13	Annual HQS Inspection Only	1b, 1c, *1d*, *1e*, *1f*, 2a, 2b, 2c, [2d, 2e, 2f, 2g,] 3n for 3a='1', 5a, 5b, [5c,] 5d		3a thru 3n for 3h='H' only	None
2a = 15	Void	1b, 1c, *1d*, *1e*, *1f*, 2a, 2b, 3n for 3a='1'		3a thru 3n for 3h='H' only	None

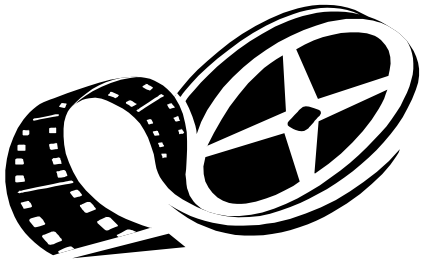
Notes: The fields in *italics* identify those for Public and Indian Housing only. The fields enclosed by [ ] identify those required depending on the values of preceding fields.

Table 6.2 Required Data Fields in the Basic and Family Records for Some Action Types

For data fields not listed in Table 6.2 with corresponding action types, MTCS will ignore any value provided to them. In these cases, HUD recommends PHAs or vendors to fill them with blanks (for character, string and date fields) and zeros (for numeric fields). The comment section of each data field contains such recommendations.

6.4 Graphical Representation

To summarize the transmission file layout in a graphical representation of a transmission file from a PHA, envision a strip of film.



Consider each frame in the film as a family and the entire film reel as the transmission file submitted from the PHA to HUD. The film reel might appear as follows:

FRAME 1:

- Transmission Header

FRAME 2: (Family 1)

- 50058 Basic Record
- 50058 Family Record
- 50058 Income Record
- 50058 Public Housing Record
- 50058 FSS/WtW Addendum Record

FRAME 3: (Family 2)

- 50058 Basic Record
- 50058 Family Record
- 50058 Voucher Record
- 50058 FSS/WtW Addendum Record

FRAME 4: (Family 3)

- 50058 Basic Record
- 50058 Family Record
- 50058 Income Record
- 50058 Income Record
- 50058 Certificate Record

FRAME 5: (Family 4)

- 50058 Basic Record
- 50058 Family Record
- 50058 FSS/WtW Addendum Record

FRAME 6:

- Transmission Footer

7.0 Data Format Standards

The data format standards apply to the appropriate items in the transmission file layout and detailed layout information, unless otherwise specified in the Transmission File Layout section. These standards are:

- Transmitted data values shorter than the allocated data field length in the transmission file layout must be:
  - Left justified for alphanumeric fields, space fill as needed
  - Right justified for numeric fields, zero fill as needed
- Format all dates as MMDDYYYY, blank fill if no date is transmitted
- MTCS does not accept nulls in lieu of spaces or zeros
- Alphanumeric edits accept:
  - 0 (zero) through 9
  - a through z
  - A through Z
  - Special characters: * + - / , . : ; ( ) = & % # $ “ ‘ < > @ _ \ ! ^ | { } [ ] ~

File Layout for Data Transmission to MTCS

Transmission Header

NAME:	**Record Identifier**
DESCRIPTION:	A number to identify the file as MTCS data
TYPE:	Alphanumeric
SIZE:	5
COMMENTS:	Set to 'MHR58'.
EDITS:	
Fatal:	• Must equal 'MHR58'
FIELD NUMBER:	1
POSITION:	1-5
LINE REFERENCE NO:	n/a

NAME:	**Record Number**
DESCRIPTION:	A number to identify the record in the file
TYPE:	Numeric
SIZE:	6
COMMENTS:	Set to '000001'. This is a sequential number incremented by 1 for each record in the transmission. The record number for this record will always be '000001' because it will always be the first record in each transmission.
EDITS:	
Fatal:	• Must equal '000001'
FIELD NUMBER	2
POSITION:	6-11
LINE REFERENCE NO:	n/a

NAME:	**Owner/PHA Mailbox ID**
DESCRIPTION:	ID number issued by HUD that uniquely identifies a Public Housing Authority
TYPE:	Alphanumeric (left justified)
SIZE:	10
COMMENTS:	None
EDITS:	
Fatal:	• Must be a valid PHA code or vendor ID
FIELD NUMBER:	3
POSITION:	12-21
LINE REFERENCE NO:	n/a

NAME:	**Service/Return Mailbox ID**
DESCRIPTION:	An ID number issued by HUD to identify organization sending Form HUD-50058 data
TYPE:	Alphanumeric (left justified)
SIZE:	10
COMMENTS:	If a PHA is sending its own data, the Service/Return ID will be the same as the PHA ID. Used to identify where to return error files and acknowledgments from MTCS.
EDITS:	
Fatal:	• Must be a valid ID issued by HUD
FIELD NUMBER:	4
POSITION:	22-31
LINE REFERENCE NO:	n/a

NAME:	**Transmission Date**
DESCRIPTION:	The date the file was created
TYPE:	Date
SIZE:	8
COMMENTS:	Must be properly formatted; no dashes, slashes, or spaces should be used.
EDIT:	
Fatal:	Must be in 'MMDDYYYY' format
FIELD NUMBER:	5
POSITION:	32-39
LINE REFERENCE NO:	n/a

NAME:	**Transmission Time**
DESCRIPTION:	The time the file was created
TYPE:	Time
SIZE:	6
COMMENTS:	Must be properly formatted; no colons should be used.
EDITS:	
Fatal:	• Must be in 'HHMMSS' format
FIELD NUMBER:	6
POSITION:	40-45
LINE REFERENCE NO:	n/a

NAME:	**Vendor Software ID**
DESCRIPTION:	A number to identify the vendor of the software
TYPE:	Alphanumeric
SIZE:	5
COMMENTS:	Number each software vendor may use to identify its product.
EDITS:	None
FIELD NUMBER:	7
POSITION:	46-50
LINE REFERENCE NO:	n/a

NAME:	**Vendor Software/Version Number**
DESCRIPTION:	The identifier of the software release and version information
TYPE:	Alphanumeric
SIZE:	10
COMMENTS:	Used when providing customer support to identify which version of software users have used to record tenant characteristic data.
EDITS:	None
FIELD NUMBER:	8
POSITION:	51-60
LINE REFERENCE NO:	n/a

NAME:	**HUD-50058 Form Version Date**
DESCRIPTION:	The date of the approved Form HUD-50058
TYPE:	Date
SIZE:	8
COMMENTS:	Must be properly formatted; no dashes or spaces.
EDITS:	
Fatal:	• Must be in 'MMDDYYYY' format
FIELD NUMBER:	9
POSITION:	61-68
LINE REFERENCE NO:	n/a

NAME:	**Vendor Defined Data**
DESCRIPTION:	For vendor use; will not be edited
TYPE:	Alphanumeric
SIZE:	10
COMMENTS:	None
EDITS:	None
FIELD NUMBER:	10
POSITION:	69-78
LINE REFERENCE NO:	n/a

50058 Basic Record Format

NAME:	**Record Identifier**
DESCRIPTION:	Indicates the beginning of a new record.
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'B' for the Record Identifier for the basic record.
EDITS:	
Fatal:	• Must equal 'B'
FIELD NUMBER:	1
POSITION:	1
LINE REFERENCE NO:	n/a

NAME:	**Record Number**
DESCRIPTION:	A sequential number that indicates the record number of the transmission
TYPE:	Numeric
SIZE:	6
COMMENTS:	The number is incremented by 1 for each subsequent record in the transmission. For example, the record number for the first basic record in the transmission will be '000002', which is one increment from the header record number.
EDITS:	None
FIELD NUMBER:	2
POSITION:	2-7
LINE REFERENCE NO:	n/a

NAME:	**Date Last Modified**
DESCRIPTION:	System generated for family's information modification
TYPE:	Date
SIZE:	8
COMMENTS:	Use MMDDYYYY format; May be different from the effective date of action.
EDITS:	
Fatal:	• Must be valued in 'MMDDYYYY' format
Fatal:	• Cannot be 2 days earlier or 2 days later than Transmission Date in the Header Record
FIELD NUMBER:	3
POSITION:	8-15
LINE REFERENCE NO:	n/a

NAME:	**PHA Code**
DESCRIPTION:	Unique code assigned to the PHA by HUD
TYPE:	Alphanumeric
SIZE:	5
COMMENTS:	Use postal state codes (exception for Islands) and Number HUD uses to recognize the PHA in that state. For Section 8, this PHA number must have active units.
EDITS:	
Fatal:	• Must be a valid 5 character PHA code that exists in MTCS
Fatal:	• Must equal Owner/PHA Mailbox ID in the Header Record, or must equal a valid PHA code for which the PHA or vendor specified by Owner/PHA Mailbox in the Header Record is authorized by HUD to submit data
Fatal:	• Must equal a valid PHA code in MTCS
Fatal:	• If 1c equals 'CE' or 'VO', must be the PHA code for a PHA that has active units
FIELD NUMBER:	4
POSITION:	16-20
LINE REFERENCE NO:	1b.

NAME:	**Program**
DESCRIPTION:	The type of housing program
TYPE:	Alpha (left justified)
SIZE:	2
COMMENTS:	May use either one letter or two letter codes, where applicable. Use codes P' for Public Housing, 'CE' for Section 8 Certificates, 'VO' for Section 8 Vouchers, 'MR' for Mod Rehab, or 'B' for Indian Housing
EDITS:	
Fatal:	• Must equal 'P', 'CE', 'VO', 'MR', or 'B'
FIELD NUMBER:	5
POSITION:	21-22
LINE REFERENCE NO:	1c.

NAME:	**Project Number**
DESCRIPTION:	Official number for the Public/Indian Housing Project
TYPE:	Alphanumeric
SIZE:	8
COMMENTS:	Applies to Public/Indian Housing Projects only.
EDITS:	
Fatal:	• If 1c equals 'P' or 'B', must be valued
Fatal:	• If valued, the concatenation of 1d(1) and 1d(2) must be a valid Project Number plus Project Number Suffix
Fatal:	• If 1c equals 'VO', 'CE', or 'MR', must be blank
FIELD NUMBER:	6
POSITION:	23-30
LINE REFERENCE NO:	1d(1).

NAME:	**Project Number Suffix**
DESCRIPTION:	Official number for the Public/Indian Housing Project
TYPE:	Alphanumeric
SIZE:	3
COMMENTS:	Applies to Public/Indian Housing Projects only.
EDITS:	
Fatal:	• If valued, the concatenation of 1d(1) and 1d(2) must be a valid Project Number plus Project Number Suffix
Fatal:	• If 1c equals 'VO', 'CE', 'or 'MR', must be blank
FIELD NUMBER:	7
POSITION:	31-33
LINE REFERENCE NO:	1d(2).

NAME:	**Building Number**
DESCRIPTION:	Official number for the Public/Indian Housing building
TYPE:	Alphanumeric
SIZE:	6
COMMENTS:	Applies to Public/Indian Housing projects only.
EDITS:	
Fatal:	• If 1c equals 'P', must be valued
Fatal:	• If 1c equal 'VO', 'CE' or 'MR', must be blank
Fatal:	• If valued, must be valid building number in PIC for the project
FIELD NUMBER:	8
POSITION:	34-39
LINE REFERENCE NO:	1e.

NAME:	**Unit Number**
DESCRIPTION:	Official number for the Public/Indian Housing unit
TYPE:	Alphanumeric
SIZE:	5
COMMENTS:	Applies to Public/Indian Housing projects only.
EDITS:	
Fatal:	• If 1c equals ‘P’, must be valued
Fatal:	• If 1c equals ‘VO’, ‘CE’ or ‘MR’, must be blank
Fatal:	• If valued, must be valid unit number for the project
FIELD NUMBER:	9
POSITION:	40-44
LINE REFERENCE NO:	1f.

NAME:	**Type of Action**
DESCRIPTION:	Indicates the reason for submitting a 50058 record for the family
TYPE:	Numeric
SIZE:	2
COMMENTS:	Use ‘1’ for New Admission, ‘2’ for Annual Reexamination, ‘3’ for Interim Reexamination, ‘4’ for Portability Move-in, ‘5’ for Portability Move-out, ‘6’ for End Participation, ‘7’ for Other Change of Unit, ‘8’ for FSS/WtW Voucher Only, ‘9’ for Annual Reexamination Searching, ‘10’ for Issuance of Voucher; ‘11’ for Expiration of Voucher; ‘12’ for Flat Rent Annual Update; ‘13’ for Annual HQS Inspection Only, ‘14’ for Historical Adjustment, ‘15’ for Void
EDITS:	
Fatal:	• Must equal ‘1’, ‘2’, ‘3’, ‘4’, ‘5’, ‘6’, ‘7’, ‘8’, ‘9’, ‘10’, ‘11’, ‘12’, ‘13’, ‘14’ or ‘15’
Fatal:	• If 1c equals ‘P’ or ‘B’, cannot equal ‘4’, ‘5’, ‘9’, ‘10’, ‘11’ or ‘13’
Fatal:	• If 1c equals ‘VO’, ‘CE’ or ‘MR’, cannot equal ‘12’
Fatal:	• If 1c equals ‘CE’ or ‘MR’ , cannot equal ‘10’ or ‘11’
FIELD NUMBER:	10
POSITION:	45-46
LINE REFERENCE NO:	2a.

NAME:	**Effective Date of Action**
DESCRIPTION:	This is the effective date of the action occurring in line 2a
TYPE:	Date
SIZE:	8
COMMENTS:	Must be in MMDDYYYY format.
EDITS:	
Fatal:	• Must be in 'MMDDYYYY' format
Fatal:	• Cannot be earlier than the 2h (Date of Admission to Program), if provided
Fatal:	• If 1c equals 'CE' and 11g(1) does not equal 'Y' and 2a equals 1, 4, or 7, must be earlier than 10/01/1999
Fatal:	• Cannot be 4 months later than the Transmission date in the Header record
Fatal:	• Cannot be 12 months earlier than the Date Last Modified
Warning:	• Cannot be later than 3 months from Date Last Modified
Warning:	• Cannot be 6 months earlier than the Transmission date in the Header record
FIELD NUMBER:	11
POSITION:	47-54
LINE REFERENCE NO:	2b.

NAME:	**Correction**
DESCRIPTION:	Indicate if this 50058 submission is for correction of data previously submitted
TYPE:	Alpha
SIZE:	1
COMMENTS:	None
EDITS:	
Fatal:	• Must equal 'Y' or 'N'
Fatal:	• If 2a equals '15', must equal 'N'
FIELD NUMBER:	12
POSITION:	55
LINE REFERENCE NO:	2c.

NAME:	**Correction Code**
DESCRIPTION:	Indicates primary reason for the correction occurring in line 2c
TYPE:	Numeric
SIZE:	1
COMMENTS:	Use '1' for family income correction, '2' for family correction (non-income), '3' for PHA income correction, '4' for PHA correction (non-income). If 2c equals 'N', leave blank.
EDITS:	
Fatal:	• If 2c equals 'Y', must equal '1', '2', '3' or' 4'
FIELD NUMBER:	13
POSITION:	56
LINE REFERENCE NO:	2d.

NAME:	**Correction Date**
DESCRIPTION:	The date of the correction occurring in line 2c
TYPE:	Date
SIZE:	8
COMMENTS:	Must be MMDDYYYY format. If 2c equals 'N', leave blank.
EDITS:	
Fatal:	• If 2c equals 'Y', must be in 'MMDDYYYY' format
FIELD NUMBER:	14
POSITION:	57-64
LINE REFERENCE NO:	2e.

NAME:	**Back Rent Agreement Indicator**
DESCRIPTION:	Indicates that the PHA and family have entered into an agreement for family to repay PHA for excessive subsidy in light of underreported income or other factor contributing to incorrect rent
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes and 'N' for no. If 2d equals '2', '3' or '4', leave blank.
EDITS:	
Fatal:	• If 2d equals '1', must be valued
Fatal:	• If valued, must be 'Y' or 'N'
FIELD NUMBER:	15
POSITION:	65
LINE REFERENCE NO:	2f.

NAME:	**Monthly Amount of Back Rent Payment**
DESCRIPTION:	Indicates average amount of subsidy repaid by the family to the PHA under a back rent agreement
TYPE:	Numeric
SIZE:	4
COMMENTS:	Use whole number.
EDITS:	
Fatal:	• If 2f equals 'Y', must be greater than or equal to zero and less than or equal to 9999
Warning:	• If 2f equals 'Y', must be greater than or equal to 100 and less than or equal to 1999
FIELD NUMBER:	16
POSITION:	66-69
LINE REFERENCE NO:	2g.

NAME:	**Date of Admission to Program**
DESCRIPTION:	Date the family was initially admitted to the program in line 1c
TYPE:	Date
SIZE:	8
COMMENTS:	Use MMDDYYYY format. If 2a equals '5', '6', '8', '9', '10', '11', '12', '13' or '15', leave blank
EDITS:	
Fatal:	• If 2a equals '1', '2', '3', '4', '7' or '14', must be valued
Fatal:	• If valued, must be in 'MMDDYYYY' format
Fatal:	• If 2a equals '1' or '4', must equal 2b (Effective date of action)
Fatal:	• If 2a equals '2', '3', '7' or '14', must be earlier than 2b (Effective date of action)
FIELD NUMBER:	17
POSITION:	70-77
LINE REFERENCE NO:	2h.

NAME:	**Projected Effective Date of Next Re-Exam**
DESCRIPTION:	Projected effective date of next re-exam
TYPE:	Date
SIZE:	8
COMMENTS:	Use MMDDYYYY format. If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', leave blank.
EDITS:	
Fatal:	• If 2a equals '1', '2', '3', '4', '7', '9' or '14', must be valued
Fatal:	• If valued, must be in 'MMDDYYYY' format
Fatal:	• If valued, must be later than 2b (Effective date of action)
Fatal:	• If valued, cannot be 13 months later than 2b unless 10u equals 'F'
Fatal:	• If valued and 10u equals 'I', cannot be 13 monthes later than 2b
FIELD NUMBER:	18
POSITION:	78-85
LINE REFERENCE NO:	2i.

NAME:	**Projected Date of Next Flat Rent Annual Update**
DESCRIPTION:	Projected date of next flat rent anuual Update
TYPE:	Date
SIZE:	8
COMMENTS:	Use MMDDYYYY format. If 2a equals ‘4’, ‘5’, ‘6’, ‘8’, ‘9’, ‘10’, ‘11’, ‘13’ or ’15’ or 1c equals ‘CE’, ‘VO’, MR’ or ‘B’, leave blank.
EDITS:	
Fatal:	• If 2a equals ‘1’, ‘2’, ‘3’, ‘7’, '12’ or ‘14’, and 1c equals 'P', must be valued
Fatal:	• If valued, must be in 'MMDDYYYY' format
Fatal:	• If valued, cannot be 13 month later than 2b
FIELD NUMBER:	19
POSITION:	86-93
LINE REFERENCE NO:	2j.

NAME:	**FSS Participant now or in the last year Indicator**
DESCRIPTION:	Indicates whether or not the family participated in the FSS program in the last 12 months
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use ‘Y’ for yes and ‘N’ for no. If 1c equals ‘MR’ or ‘B’ or 2a equals ‘5’, ‘6’, ‘8’, ‘11’, ‘13’ or ’15’, leave blank.
EDITS:	
Fatal:	• If valued, must be ‘Y’ or ‘N’
Fatal:	• If valued ‘Y’, 1c must equal ‘CE’, ‘P’ or ‘VO’ and 2a must equal ‘1’, ‘2’, ‘3’, ‘4’, ‘7’, ‘9’, ‘10’, ‘12’ or ‘14’
FIELD NUMBER:	20
POSITION:	94
LINE REFERENCE NO:	2k.

NAME:	**Special Program**
DESCRIPTION:	Indicates special program the family participates.
TYPE:	Alpha
SIZE:	2
COMMENTS:	Use 'OH' for Other Housing Conversion, 'EV' for Enhanced Voucher and 'WT' for Welfare to Work Voucher. If there is no special program, leave blank. If 1c equals 'P', 'CE', 'MR' or 'B' or 2a equals '5', '6', '8', '11', '13' or '15, leave blank.
EDITS:	
Fatal:	• If valued, must equal 'OH', 'EV' or 'WT'
Fatal:	• If valued, 1c must be 'VO' and 2a must equal '1', '2', '3', '4', '7', '9', '10', '12' or '14'
FIELD NUMBER:	21
POSITION:	95-96
LINE REFERENCE NO:	2m.

NAME:	**Other Special Program Indicator (1)**
DESCRIPTION:	Indicates if the family participates in another special program
TYPE:	Alpha
SIZE:	30
COMMENTS:	If no other special program, leave blank. If 2a equals '5', '6', '8', '11', '13' or '15', leave blank.
EDITS:	
Fatal:	• If valued, must be equal to code in the instruction booklet
FIELD NUMBER:	22
POSITION:	97-126
LINE REFERENCE NO:	2n(1).

NAME:	**Other Special Program Indicator (2)**
DESCRIPTION:	Indicates if the family participates in another special program
TYPE:	Alpha
SIZE:	30
COMMENTS:	If no other special program, leave blank. If no other special program, leave blank. If 2a equals '5', '6', '8', '11', '13' or '15', leave blank.
EDITS:	
Fatal:	• If valued, must be equal to code in the instruction booklet
FIELD NUMBER:	23
POSITION:	127-156
LINE REFERENCE NO:	2n(2).

NAME:	**Other Special Program Indicator (3)**
DESCRIPTION:	Indicates if the family participates in another special program
TYPE:	Alpha
SIZE:	30
COMMENTS:	If no other special program, leave blank. If no other special program, leave blank. If 2a equals '5', '6', '8', '11', '13' or '15', leave blank.
EDITS:	
Fatal:	• If valued, must be equal to code in the instruction booklet
FIELD NUMBER:	24
POSITION:	157-186
LINE REFERENCE NO:	2n(3).

NAME:	**Other Special Program Indicator (4)**
DESCRIPTION:	Indicates if the family participates in another special program
TYPE:	Alpha
SIZE:	30
COMMENTS:	If no other special program, leave blank. If no other special program, leave blank. If 2a equals '5', '6', '8', '11', '13' or '15', leave blank.
EDITS:	
Fatal:	• If valued, must be equal to code in the instruction booklet
FIELD NUMBER:	25
POSITION:	187-216
LINE REFERENCE NO:	2n(4).

NAME:	**Other Special Program Indicator (5)**
DESCRIPTION:	Indicates if the family participates in another special program
TYPE:	Alpha
SIZE:	30
COMMENTS:	If no other special program, leave blank. If no other special program, leave blank. If 2a equals '5', '6', '8', '11', '13' or '15', leave blank.
EDITS:	
Fatal:	• If valued, must be equal to code in the instruction booklet
FIELD NUMBER:	26
POSITION:	217-246-238
LINE REFERENCE NO:	2n(5).

NAME:	**Use if Instructed by HUD**
DESCRIPTION:	Reserved for future use if instructed by HUD
TYPE:	Alphanumeric
SIZE:	5
COMMENTS:	Submit blanks unless instructed by HUD.
EDITS:	None
FIELD NUMBER:	27
POSITION:	247-251
LINE REFERENCE NO:	2p.

NAME:	**PHA Use Only**
DESCRIPTION:	Reserved for future use
TYPE:	Alphanumeric
SIZE:	5
COMMENTS:	PHA may retrieve this information from MTCS.
EDITS:	None
FIELD NUMBER:	28
POSITION:	252-256
LINE REFERENCE NO:	2q.

NAME:	**PHA Use Only**
DESCRIPTION:	Reserved for future use
TYPE:	Alphanumeric
SIZE:	5
COMMENTS:	PHA may retrieve this information from MTCS.
EDITS:	None
FIELD NUMBER:	29
POSITION:	257-261
LINE REFERENCE NO:	2r.

NAME:	**PHA Use Only**
DESCRIPTION:	Reserved for future use
TYPE:	Alphanumeric
SIZE:	5
COMMENTS:	PHA may retrieve this information from MTCS.
EDITS:	None
FIELD NUMBER:	30
POSITION:	262-266
LINE REFERENCE NO:	2s.

NAME:	**PHA Use Only**
DESCRIPTION:	Reserved for future use
TYPE:	Alphanumeric
SIZE:	5
COMMENTS:	PHA may retrieve this information from MTCS.
EDITS:	None
FIELD NUMBER:	31
POSITION:	267-271
LINE REFERENCE NO:	2t.

NAME:	**PHA Use Only**
DESCRIPTION:	Reserved for future use
TYPE:	Alphanumeric
SIZE:	5
COMMENTS:	PHA may retrieve this information from MTCS.
EDITS:	None
FIELD NUMBER:	32
POSITION:	272-276
LINE REFERENCE NO:	2u.

NAME:	**SSN of Head of Household**
DESCRIPTION:	Social Security Number of the Head of the household
TYPE:	Numeric
SIZE:	9
COMMENTS:	If member of the household does not have an SSN, use '999999999'.
EDITS:	
Fatal:	• Must be nine digits
Fatal:	• Cannot equal '000000000'
FIELD NUMBER:	33
POSITION:	277-285
LINE REFERENCE NO:	3n.

NAME:	**Reserved**
DESCRIPTION:	Reserved for future use if instructed by HUD
TYPE:	Alphanumeric
SIZE:	5
COMMENTS:	Submit blanks unless instructed by HUD.
EDITS:	
Fatal:	• Must be blank
FIELD NUMBER:	34
POSITION:	286-290
LINE REFERENCE NO:	3r.

NAME:	**Total Number in Household**
DESCRIPTION:	The total number of members in the household
TYPE:	Numeric
SIZE:	2
COMMENTS:	Use whole numbers. If 2a equals ‘5’, ‘6’, ‘8’, ‘11’, ‘13’ or ‘15’, leave blank
EDITS:	
Fatal:	• If 2a equals ‘1’, ‘2’, ‘3’, ‘4’, ‘7’, ‘9’, ‘10’, ‘12’ or ‘14’, must be valued
Fatal:	• If valued, must be greater than zero and less than or equal to 99
Fatal:	• If valued, must equal the total count of Family Records (number in the household)
FIELD NUMBER:	35
POSITION:	291-292
LINE REFERENCE NO:	3t.

NAME: **Family Subsidy Status Under Noncitizen Rule**

DESCRIPTION: Codes to determine the subsidy status of a family based on the noncitizen rule

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'C' for Qualified for continuation of full assistance, 'E' for Eligible for full assistance, 'F' for Eligible for full assistance pending verification of status, 'T' for temporary deferral of termination, or 'P' for Prorated assistance. If 2a equals '5', '6', '8', '10', '11', '13' or '15', leave blank.

EDITS:

Fatal: • If 2a equals '1', '2', '3', '4', '7', '9', '12' or '14', must equal 'C', 'E', 'F', 'P', or 'T'

Fatal: • If valued and [3h equals 'H', 'S', 'Y', 'E', 'K' or 'A' and 3i equals 'IN' or 'PV' for any Family Record (any family member is an ineligible noncitizen or pending verification)], cannot equal 'E'

Fatal: • If valued and [3h equals 'H', 'S', 'Y', 'E', 'K' or 'A' and 3i equals 'IN' for any Family Record (any family member is an ineligible noncitizen)], must equal 'C', 'T' or 'P'

Fatal: • If valued 'P', 3h must equal 'H', 'S', 'Y', 'E', 'K', or 'A' and 3i must equal 'EN' ,'EC' or 'PV" for at least one Family Record (at least one family member must be eligible citizens, eligible noncitizens or pending verification)

Fatal: • If valued and [3h equals 'H', 'S', 'Y', 'E', 'K' or 'A' and 3i equals 'IN' for all the Family Records (all members of the family are ineligible noncitizens)], must equal 'T'

Fatal: • If valued and [3h equals 'H', 'S', 'Y', 'E', 'K' or 'A' and 3i equals 'EC', 'EN' or 'PV' for all the Family Records (all family members are eligible citizens, eligible noncitizens or pending verification)], cannot equal 'P'

FIELD NUMBER: 36

POSITION: 293

LINE REFERENCE NO: 3u.

NAME:	**Effective Date of Family Subsidy Status**
DESCRIPTION:	Original date family qualified for continuation of assistance, or date temporary deferral of termination was granted
TYPE:	Date
SIZE:	8
COMMENTS:	Use MMDDYYYY format. If 2a equals '5', '6', '8', '10', '11', '13' or '15' and 3u equals 'E', 'F', 'P', leave blank.
EDITS:	
Fatal:	• If 2a equals '1', '2', '3', '4', '7', '9', '12' or '14' or 3u equals 'C' or 'T', must be valued
Fatal:	• If valued, must be in 'MMDDYYYY' format
FIELD NUMBER:	37
POSITION:	294-301
LINE REFERENCE NO:	3v.

NAME:	**Former HoH SSN**
DESCRIPTION:	If new Head of Household, this is the SSN of the former Head of Household
TYPE:	Numeric
SIZE:	9
COMMENTS:	If former Head did not have an SSN, enter '999999999'. If no other special program, leave blank. If 2a equals '5', '6', '8', 10, '11', '13' or '15', leave blank.
EDITS:	
Fatal:	• If valued, must be nine digit numeric
Fatal:	• If valued, cannot be the same SSN value as the current Head of Household
FIELD NUMBER:	38
POSITION:	302-310
LINE REFERENCE NO:	3w.

NAME:	**Date Entered Waiting List**
DESCRIPTION:	The date the family was placed on the waiting list
TYPE:	Date
SIZE:	8
COMMENTS:	Use MMDDYYYY format. If 2a equals '2', '3', '4', '5', '6', '7', '8', '10', '11', '13' or '15', leave blank
EDITS:	
Fatal:	• If 2a equals '1' or '14', must be valued
Fatal:	• If valued, must be in 'MMDDYYYY' format
Fatal:	• If valued, must not be later than 2b (effective date of action)
FIELD NUMBER:	39
POSITION:	311-318
LINE REFERENCE NO:	4a.

NAME:	**Zip Code Before Admission**
DESCRIPTION:	Family's 5 digit zip code before being admitted to the program
TYPE:	Numeric
SIZE:	5
COMMENTS:	If 2a equals '2', '3', '4', '5', '6', '7', '8', '9', '11', '12', '13' or '15', leave blank.
EDITS:	
Fatal:	• If 2a equals '1', '10' or '14', must be five digit numeric
FIELD NUMBER:	40
POSITION:	319-323
LINE REFERENCE NO:	4b.

NAME:	**Zip Code +4 Before Admission**
DESCRIPTION:	Family's zip +4 before being admitted to the program
TYPE:	Numeric
SIZE:	4
COMMENTS:	None
EDITS:	
Fatal:	• If valued, must be four digit numeric
FIELD NUMBER:	41
POSITION:	324-327
LINE REFERENCE NO:	4b.

NAME:	**Homeless at Admission Indicator**
DESCRIPTION:	Indicates whether or not the family was homeless at admission to the program
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes and 'N' for no. If 2a equals '2', '3', '4', '5', '6', '7', '8', '9', '11', '12', '13' or '15', leave blank.
EDITS:	
Fatal:	• If 2a equals '1', '10' or '14', must be valued 'Y' or 'N'
FIELD NUMBER:	42
POSITION:	338
LINE REFERENCE NO:	4c.

NAME:	**Very Low Income Limit Indicator**
DESCRIPTION:	Indicates whether or not the family qualified for program admission even though their income exceeded the very low income limit
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes or 'N' for no. If 1c equals 'B' 2a equals '2', '3', '4', '5', '6', '7', '8', '9', '10', '11', '12', '13' or '15', leave blank.
EDITS:	
Fatal:	• If 1c equals 'CE', 'VO' or 'MR' and 2a equals '1' or '14', must equal 'Y' or 'N'
FIELD NUMBER:	43
POSITION:	329
LINE REFERENCE NO:	4d.

NAME:	**Continually Assisted Indicator**
DESCRIPTION:	Indicates if the family is continually assisted
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' or yes and 'N' for no. For Head of Household only. If 2a equals '2', '3', '4', '5', '6', '7', '8', '9', '10', '11', '12', '13' or '15', leave blank.
EDITS:	
Fatal:	• If 2a equals '1' or '14', must be 'Y' or 'N'
FIELD NUMBER:	44
POSITION:	330
LINE REFERENCE NO:	4e.

NAME:	**Is There a HUD Approved Income Target Waiver Indicator**
DESCRIPTION:	Indicates if there is a HUD approved income target waiver.
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' or yes and 'N' for no. If 2a equals '2', '3', '4', '5', '6', '7', '8', '9', '10', '11', '12', '13' or '15', leave blank.
EDITS:	
Fatal:	• If 2a equals '1' or '14', must be 'Y' or 'N'
FIELD NUMBER:	45
POSITION:	331
LINE REFERENCE NO:	4f.

NAME:	**Unit Address (Number and Street)**
DESCRIPTION:	Address of the unit
TYPE:	Alphanumeric
SIZE:	100
COMMENTS:	Unit number and street; Do not use Post Office Boxes. If 2a equals '5', '6', '8', '9', '10', '11' or '15', leave blank
EDITS:	
Fatal:	• If 2a equals '1', '2', '3', '4', '7', '12', '13' or '14', must be valued
FIELD NUMBER:	46
POSITION:	332-431
LINE REFERENCE NO:	5a.

NAME:	**Unit Apartment Number**
DESCRIPTION:	Apartment number of the unit
TYPE:	Alphanumeric
SIZE:	10
COMMENTS:	If 2a equals '5', '6', '8', '9', '10', '11' or '15', leave blank.
EDITS:	None
FIELD NUMBER:	47
POSITION:	432-441
LINE REFERENCE NO:	5a.

NAME:	**Unit City**
DESCRIPTION:	City of the unit
TYPE:	Alphanumeric
SIZE:	30
COMMENTS:	If 2a equals ‘5’, ‘6’, ‘8’, ‘9’, ’10’, ‘11’ or ‘15’, leave blank.
EDITS:	
Fatal:	• If 2a equals ‘1’, ‘2’, ‘3’, ‘4’, ‘7’, ‘12’, ‘13’ or ‘14’, must be valued
FIELD NUMBER:	48
POSITION:	442-471
LINE REFERENCE NO:	5a.

NAME:	**Unit State**
DESCRIPTION:	State code of the unit
TYPE:	Alpha
SIZE:	2
COMMENTS:	If 2a equals ‘5’, ‘6’, ‘8’, ‘9’, ’10’, ‘11’ or ‘15’, leave blank.
EDITS:	
Fatal:	• If 2a equals ‘1’, ‘2’, ‘3’, ‘4’, ‘7’, ‘12’, ‘13’ or ‘14’, must equal a valid state code
FIELD NUMBER:	49
POSITION:	472-473
LINE REFERENCE NO:	5a.

NAME:	**Unit Zip Code**
DESCRIPTION:	Five digit Zip Code of the unit
TYPE:	Numeric
SIZE:	5
COMMENTS:	If 2a equals ‘5’, ‘6’, ‘8’, ‘9’, ’10’, ‘11’ or ‘15’, leave blank.
EDITS:	
Fatal:	• If 2a equals ‘1’, ‘2’, ‘3’, ‘4’, ‘7’, ‘12’, ‘13’ or ‘14’, must be valued
FIELD NUMBER:	50
POSITION:	474-478
LINE REFERENCE NO:	5a.

NAME:	**Unit Zip Code +4**
DESCRIPTION:	Zip +4 of the unit
TYPE:	Numeric
SIZE:	4
COMMENTS:	If 2a equals ‘5’, ‘6’, ‘8’, ‘9’, ’10’, ‘11’ or ‘15’, leave blank.
EDITS:	
Fatal:	• If valued, must be numeric
FIELD NUMBER:	51
POSITION:	479-482
LINE REFERENCE NO:	5a.

NAME:	**Family Mailing Address same as Unit Address Indicator**
DESCRIPTION:	Indicates if the mailing address is the same as unit address
TYPE:	Alpha
SIZE:	1
COMMENTS:	User ‘Y’ for yes and ‘N’ for no. If 2a equals ‘5’, ‘6’, ‘8’, ‘9’, ’10’, ‘11’ or ‘15’, leave blank.
EDITS:	
Fatal:	• If 2a equals ‘1’, ‘2’, ‘3’, ‘4’, ‘7’, ‘12’, ‘13’ or ‘14’, must equal ‘Y’ or ‘N’
FIELD NUMBER:	52
POSITION:	483
LINE REFERENCE NO:	5b.

NAME:	**Family Mailing Address**
DESCRIPTION:	Address where family receives mail
TYPE:	Alphanumeric
SIZE:	100
COMMENTS:	Populate if different from Unit Address. If 5b equals ‘Y’, leave blank
EDITS:	
Fatal:	• If 5b equals ‘N’, must be valued
FIELD NUMBER:	53
POSITION:	484-583
LINE REFERENCE NO:	5c.

NAME:	**Family Mailing Apartment Number**
DESCRIPTION:	Apartment number of mailing address for the family
TYPE:	Alphanumeric
SIZE:	10
COMMENTS:	If 5b equals 'Y', leave blank
EDITS:	None
FIELD NUMBER:	54
POSITION:	584-593
LINE REFERENCE NO:	5c.

NAME:	**Family Mailing City**
DESCRIPTION:	City of mailing address for the family
TYPE:	Alphanumeric
SIZE:	30
COMMENTS:	If 5b equals 'Y', leave blank
EDITS:	
Fatal:	• If 5b equals 'N', must be valued
FIELD NUMBER:	55
POSITION:	594-623
LINE REFERENCE NO:	5c.

NAME:	**Family Mailing State**
DESCRIPTION:	State code of mailing address for the family
TYPE:	Alpha
SIZE:	2
COMMENTS:	If 5b equals 'Y', leave blank
EDITS:	
Fatal:	• If 5b equals 'N', must equal a valid state code
FIELD NUMBER:	56
POSITION:	624-625
LINE REFERENCE NO:	5c.

NAME:	**Family Mailing Zip Code**
DESCRIPTION:	Zip Code of mailing address for the family
TYPE:	Numeric
SIZE:	5
COMMENTS:	If 5b equals 'Y', leave blank
EDITS:	
Fatal:	• If 5b equals 'N', must be 5 digit numeric
FIELD NUMBER:	57
POSITION:	626-630
LINE REFERENCE NO:	5c.

NAME:	**Family Mailing Zip Code +4**
DESCRIPTION:	Zip +4 of the mailing address for the family
TYPE:	Numeric
SIZE:	4
COMMENTS:	None
EDITS:	
Fatal:	• If 5b equals 'Y', must be 4 digit numeric
FIELD NUMBER:	58
POSITION:	631-634
LINE REFERENCE NO:	5c.

NAME:	**Number of Bedrooms in Unit**
DESCRIPTION:	The number of bedrooms in the unit
TYPE:	Numeric
SIZE:	1
COMMENTS:	If unit is an efficiency or Single Room Occupancy (SRO), enter 0. If 2a equals '5', '6', '8', '9', '10', '11' or '15', put zero.
EDITS:	
Fatal:	• If 2a equals '1', '2', '3', '4', '7', '12', '13' or '14', must be greater than or equal to zero and less than or equal to 9
FIELD NUMBER:	59
POSITION:	635
LINE REFERENCE NO:	5d.

NAME:	**PHA Identified Accessible Unit Indicator**
DESCRIPTION:	Indicator of whether the PHA has identified this unit as accessible
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes and 'N' for no (for Public and Indian Housing only). If 1c equals 'CE', 'VO' or 'MR' or 2a equals '5', '6', '8', '9', '10', '11', '13' or '15', leave blank.
EDITS:	
Fatal:	• If 1c equals 'P' or 'B' and 2a equals '1', '2', '3', '4', '7', '12' or '14', must equal 'Y' or 'N'
FIELD NUMBER:	60
POSITION:	636
LINE REFERENCE NO:	5e.

NAME:	**Family Requested Accessibility Features Indicator**
DESCRIPTION:	Indicator of whether the family requested accessibility features
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes and 'N' for no (for Public and Indian Housing only). If 1c equals 'CE', 'VO' or 'MR' or 2a equals '5', '6', '8', '9', '10', '11', '13' or '15', leave blank.
EDITS:	
Fatal:	• If 1c equals 'P' or 'B' and 2a equals '1', '2', '3', '4', '7', '12' or '14', must equal 'Y' or 'N'
FIELD NUMBER:	61
POSITION:	637
LINE REFERENCE NO:	5f.

NAME:	**Family Received Requested Accessibility Features Indicator**
DESCRIPTION:	Indicator if the family has fully received the requested accessibility features
TYPE:	Numeric
SIZE:	1
COMMENTS:	For Public and Indian Housing only. Use '1' for Yes, fully; '2' for Yes, partially; '3' for No, not at all; '4' for Action pending; '5' for Yes, partially and Action pending; '6' for No, not at all and Action pending. If 5f equals 'N' or is blank, leave blank.
EDITS:	
Fatal:	• If 5f equals 'Y', must equal '1', '2', '3', '4', '5' or '6'
FIELD NUMBER:	62
POSITION:	638
LINE REFERENCE NO:	5g.

NAME:	**Total Cash Value of Assets**
DESCRIPTION:	The total of the individual cash value of the assets listed
TYPE:	Numeric
SIZE:	6
COMMENTS:	Should be whole dollar amounts (no decimals). If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero
EDITS:	None
FIELD NUMBER:	63
POSITION:	639-644
LINE REFERENCE NO:	6f.

NAME:	**Total Anticipated Income**
DESCRIPTION:	The total of anticipated income from assets
TYPE:	Numeric
SIZE:	6
COMMENTS:	Use whole dollar amounts (no decimals). If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero
EDITS:	None
FIELD NUMBER:	64
POSITION:	645-650
LINE REFERENCE NO:	6g.

NAME:	**Passbook Rate**
DESCRIPTION:	Rate of interest for the project locality based on the average interest rate for a Passbook Savings Account in the area.
TYPE:	Numeric
SIZE:	4
COMMENTS:	Use an integer; ex. 2.5% would be represented as '0250' (format 99V99 where V is assumed decimal). If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero
EDITS:	
Fatal:	• Must be four digits numeric
FIELD NUMBER:	65
POSITION:	651-654
LINE REFERENCE NO:	6h.

NAME:	**Imputed Asset Income**
DESCRIPTION:	Product of the Total Cash Value and the Passbook Rate
TYPE:	Numeric
SIZE:	6
COMMENTS:	Use whole dollar amounts (no decimals). If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero
EDITS:	
Fatal:	• If 2a equals '1', '2', '3', '4', '7', '9' or '14', must equal the product of 6f and 6h divided by 10,000
FIELD NUMBER:	66
POSITION:	655-660
LINE REFERENCE NO:	6i.

NAME:	**Final Asset Income**
DESCRIPTION:	The final figure in calculating asset income
TYPE:	Numeric
SIZE:	6
COMMENTS:	Should be whole dollar amounts (no decimals). If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero
EDITS:	
Fatal:	• If 2a equals '1', '2', '3', '4', '7', '9' or '14' and both 6g and 6i are less than or equal to 5,000, must be zero
Fatal:	• If 2a equals '1', '2', '3', '4', '7', '9' or '14' and 6g or 6i is greater than 5,000, must be the larger of 6g or 6i
FIELD NUMBER:	67
POSITION:	661-666
LINE REFERENCE NO:	6j.

NAME:	**Reserved**
DESCRIPTION:	Reserved for future use if instructed by HUD
TYPE:	Numeric
SIZE:	5
COMMENTS:	Submit blanks unless instructed by HUD.
EDITS:	
Fatal:	• Must be blank
FIELD NUMBER:	68
POSITION:	667-671
LINE REFERENCE NO:	7h.

NAME:	**Total Annual Income**
DESCRIPTION:	The total annual income for all family members
TYPE:	Numeric
SIZE:	6
COMMENTS:	Use whole dollar amounts (no decimals). If 2a equals '5', '6', '8', '11', '12', '13' or '15', put zero
EDITS:	
Fatal:	• If 2a equals '1', '2', '3', '4', '7', '9', '10' or '14', must equal the sum of 6j and [(sum of 7d for all the Income Records) minus (sum of 7e for all the Income Records)]
Warning:	• Must be less than 90000
Fatal:	• Must be greater than or equal to zero and less than 190000
FIELD NUMBER:	69
POSITION:	672-677
LINE REFERENCE NO:	7i.

NAME:	**Total Permissive Deductions**
DESCRIPTION:	Indicates total of all permissive deductions
TYPE:	Numeric
SIZE:	5
COMMENTS:	Use whole dollar amounts (no decimals). If 2a equals '4', '5', '8', '9', '10', '11', '12', '13' or '15' or 1c equals 'CE', 'VO', 'MR' or 'B', put zero.
EDITS:	
Fatal:	• If 2a equals '1', '2', '3', '6', '7' or '14' and 1c equals 'P', must be greater than or equal to zero and less than 90000
FIELD NUMBER:	70
POSITION:	678-682
LINE REFERENCE NO:	8e.

NAME:	**Medical/Disability Threshold**
DESCRIPTION:	The product of the medical percent and the total annual income
TYPE:	Numeric
SIZE:	5
COMMENTS:	Should be a whole number. If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero
EDITS:	
Fatal:	• If 2b minus 3e is less than 62 and 3j equals 'N' for the Family Records in which 3h equals 'H' and ['S' or 'K'] (head/spouse/co-head are under 62 and not disabled), must equal zero
Fatal:	• If 2a equals '1', '2', '3', '4', '7', '9' or '14' and [2b minus 3e is equal to or greater than 62 or 3j equals 'Y'] for the Family Record in which 3h equals 'H', 'S' or 'K' (head/spouse/co-head is elderly or disabled), must equal the product of 7i and .03 divided by 10,000
FIELD NUMBER:	71
POSITION:	683-687
LINE REFERENCE NO:	8f.

NAME:	**Total Unreimbursed Disability Assistance Expense**
DESCRIPTION:	A family's out of pocket disability expenses not reimbursed by an outside source
TYPE:	Numeric
SIZE:	5
COMMENTS:	Should be whole dollar amounts (no decimals). If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero
EDITS:	
Fatal:	• Must be greater than or equal to zero and less than 500
Fatal:	• If 3h equals 'H', 'S', 'Y', 'E', 'K' or 'A' and 3j equals 'N' for all Family Records (no family members is disabled), must equal zero
FIELD NUMBER:	72
POSITION:	688-692
LINE REFERENCE NO:	8g.

NAME:	**Maximum Disability Allowance**
DESCRIPTION:	Amount the PHA can potentially deduct for the family's disability allowance.
TYPE:	Numeric
SIZE:	5
COMMENTS:	Should be whole dollar amounts (no decimals). If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero
EDITS:	

Fatal: • If 2a equals '1', '2', '3', '4', '7', '9' or '14' and 8g is greater than or equal to 8f, must equal 8g minus 8f

Fatal: • If 2a equals '1', '2', '3', '4', '7', '9' or '14' and 8g is less than 8f and 2b minus 3e is less than 62 and 3j equals 'N' for the Family Records in which 3h equals 'H' and ['S' or 'K'] (head/spouse/co-head are under 62 and not disabled), must equal zero

Fatal: • If 2a equals '1', '2', '3', '4', '7', '9' or '14' and 8g is less than 8f and [2b minus 3e is equal to or greater than 62 or 3j equals 'Y'] for the Family Record in which 3h equals 'H', 'S' or 'K' (head/spouse/co-head is elderly or disabled), must equal 8g

FIELD NUMBER:	73
POSITION:	693-697
LINE REFERENCE NO:	8h.

NAME:	**Earnings in 7d. Made Possible by Disability Assistance Expense**
DESCRIPTION:	Of a family's dollars per year, the amount attributed to the out-of-pocket disability expenses incurred by the family
TYPE:	Numeric
SIZE:	5
COMMENTS:	Should be whole dollar amounts (no decimals). If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero
EDITS:	
Fatal:	• Must be less than or equal to the sum of 7d minus sum of 7e in all the Income Records (total income after earned income exclusion) where 7b is not 'P', 'SS', 'S', 'T', 'G', 'C', 'U', 'N' or 'E'
Fatal:	• If 2b minus 3e is less than 62 and 3j equals 'N' for the Family Records in which 3h equals 'H' and ['S' or 'K'] (head/spouse/co-head are under 62 and not disabled), must equal zero
FIELD NUMBER:	74
POSITION:	698-702
LINE REFERENCE NO:	8i.

NAME:	**Allowable Disability Assistance Expense**
DESCRIPTION:	Lesser of 8h or 8i - the amount of disability assistance the family is allowed to claim
TYPE:	Numeric
SIZE:	5
COMMENTS:	Should be whole dollar amounts (no decimals). If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero
EDITS:	

Fatal: • If 2a equals '1', '2', '3', '4', '7', '9' or '14' and [8g is greater than or equal to 8f or 2b minus 3e is less than 62 and 3j equals 'N' for the Family Records in which 3h equals 'H' and ['S' or 'K'] (head/spouse/co-head are under 62 and not disabled)], must equal the lesser of 8h or 8i

Fatal: • If 2a equals '1', '2', '3', '4', '7', '9' or '14' and 8g is less than 8f and [2b minus 3e is equal to or greater than 62 or 3j equals 'Y'] for the Family Record in which 3h equals 'H', 'S' or 'K' (head/spouse/co-head is elderly or disabled), must equal 8h

FIELD NUMBER:	75
POSITION:	703-707
LINE REFERENCE NO:	8j.

NAME:	**Total Out of Pocket Medical Expense**
DESCRIPTION:	Total amount of medical expense that is not reimbursable
TYPE:	Numeric
SIZE:	6
COMMENTS:	Should be whole dollar amounts (no decimals). If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero
EDITS:	
Fatal:	• If 2b minus 3e is less than 62 and 3j equals 'N' for the Family Records in which 3h equals 'H' and ['S' or 'K'] (head/spouse/co-head are under 62 and not disabled), must equal zero
FIELD NUMBER:	76
POSITION:	708-713
LINE REFERENCE NO:	8k.

NAME:	**Total Disability Assistance and Medical Expenses**
DESCRIPTION:	The sum of the family's allowable disability assistance and total out of pocket medical expenses
TYPE:	Numeric
SIZE:	5
COMMENTS:	Should be whole dollar amounts (no decimals). If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero
EDITS:	
Fatal:	• If 2a equals '1', '2', '3', '4', '7', '9' or '14' and [3h equals 'H', 'S', 'K', 'Y', 'E' or 'A' and 3j equals 'Y' for any Family Record (any family member is disabled)] , must equal the sum of 8j and 8k
Fatal:	• If 2a equals '1', '2', '3', '4', '7', '9' or '14' and [3h equals 'H', 'S', 'K', 'Y', 'E' or 'A' and 3j equals 'N' for all the Family Record (no family members is disabled)], must equal 8k
FIELD NUMBER:	77
POSITION:	714-718
LINE REFERENCE NO:	8m.

NAME:	**Medical/Disability Assistance Allowance**
DESCRIPTION:	The family's allowance for medical expenses and disability assistance expenses
TYPE:	Numeric
SIZE:	5
COMMENTS:	Should be whole dollar amounts (no decimals). If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero
EDITS:	

Fatal: • If 2a equals '1', '2', '3', '4', '7', '9' or '14' and [8g is less than 8f and 8m is greater than or equal to 8f], must equal 8m minus 8f,

Fatal: • If 2a equals '1', '2', '3', '4', '7', '9' or '14' and [8g is less than 8f and 8m less than 8f], must equal zero

Fatal: • If 2a equals '1', '2', '3', '4', '7', '9' or '14' and [8g is greater than or equal to 8f and [3h equals 'H', 'S', 'K', 'Y', 'E' or 'A' and 3j equals 'Y' for any Family Record (any family member is disabled)]], must equal 8m

FIELD NUMBER:	78
POSITION:	719-723
LINE REFERENCE NO:	8n.

NAME:	**Elderly/Disability Allowance**
DESCRIPTION:	The allowance for elderly/disabled
TYPE:	Numeric
SIZE:	4
COMMENTS:	Currently 400. If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero
EDITS:	
Fatal:	• If 2a equals '1', '2', '3', '4', '7', '9' or '14' and [2b minus 3e is greater than or equal to 62 or 3j equals 'Y' for the Family Record in which 3h equals 'H', 'S' or 'K' (head/spouse/co-head is elderly or disabled)], must equal 400
Fatal:	• If 2b minus 3e is less than 62 3j equals 'N' for all the Family Record in which 3h equals 'H', 'S' or 'K' (head/spouse/co-head are under 62 and not disabled), must be zero
FIELD NUMBER:	79
POSITION:	724-727
LINE REFERENCE NO:	8p.

NAME:	**Number of Dependents**
DESCRIPTION:	Total number of people under 18, or with a disability, or full-time students
TYPE:	Numeric
SIZE:	2
COMMENTS:	Members who meet more than one criterion cannot be counted twice; Do not include head, spouse, co-head, foster children/foster adults, or live-in aids. If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero
EDITS:	
Fatal:	• If 2a equals '1', '2', '3', '4', '7', '9' or '14', must equal the total count of Family Records in which 3h equals 'Y' or 'E' or 3j equals 'Y'
FIELD NUMBER:	80
POSITION:	728-729
LINE REFERENCE NO:	8q.

NAME:	**Allowance per Dependent**
DESCRIPTION:	Standard allowance per each dependent
TYPE:	Numeric
SIZE:	3
COMMENTS:	Set to 480. If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero
EDITS:	
Fatal:	• If 2a equals '1', '2', '3', '4', '7', '9' or '14', must equal 480
FIELD NUMBER:	81
POSITION:	730-732
LINE REFERENCE NO:	8r.

NAME:	**Dependent Allowance**
DESCRIPTION:	Total allowance for all dependents
TYPE:	Numeric
SIZE:	5
COMMENTS:	Product of Number of Dependents and Allowance per Dependent. If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero
EDITS:	
Fatal:	• If 2a equals '1', '2', '3', '4', '7', '9' or '14', must equal the product of lines 8q and 8r
FIELD NUMBER:	82
POSITION:	733-737
LINE REFERENCE NO:	8s.

NAME:	**Yearly Child Care Cost that is Not Reimbursed**
DESCRIPTION:	Amount of yearly child care cost that is not reimbursed
TYPE:	Numeric
SIZE:	5
COMMENTS:	Use whole numbers. If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero
EDITS:	None
FIELD NUMBER:	83
POSITION:	738-742

LINE REFERENCE NO: 8t.

NAME:	**Travel Cost to Work**
DESCRIPTION:	The cost of travel to work
TYPE:	Numeric
SIZE:	4
COMMENTS:	Use whole numbers. For Indian housing only. If 1c equals 'B' and 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero
EDITS:	
Fatal:	• If 1c equals 'P', 'CE', 'VO', 'MR', must equal zero
FIELD NUMBER:	84
POSITION:	743-746
LINE REFERENCE NO:	8u.

NAME:	**Reserved**
DESCRIPTION:	Reserved for future use if instructed by HUD
TYPE:	Numeric
SIZE:	4
COMMENTS:	Submit blanks unless instructed by HUD.
EDITS:	
Fatal:	• Must be blank
FIELD NUMBER:	85
POSITION:	747-750
LINE REFERENCE NO:	8v.

NAME:	**Reserved**
DESCRIPTION:	Reserved for future use if instructed by HUD
TYPE:	Numeric
SIZE:	4
COMMENTS:	Submit blanks unless instructed by HUD.
EDITS:	
Fatal:	• Must be blank
FIELD NUMBER:	86
POSITION:	751-754
LINE REFERENCE NO:	8w.

NAME:	**Total Allowances**
DESCRIPTION:	Total amount of family's allowances
TYPE:	Numeric
SIZE:	6
COMMENTS:	Sum of all allowances. If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero
EDITS:	
Fatal:	• If 2a equals '1', '2', '3', '4', '7', '9' or '14', must equal the sum of 8e, 8n, 8p, 8s, 8t, and 8u
FIELD NUMBER:	87
POSITION:	755-760
LINE REFERENCE NO:	8x.

NAME:	**Total Annual Income minus Total Allowances**
DESCRIPTION:	Total Annual income minus total allowances
TYPE:	Numeric
SIZE:	6
COMMENTS:	Annual income less total allowances. If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', must be zero
EDITS:	
Fatal:	• If 2a equals '1', '2', '3', '4', '7', '9' or '14' and 7i is greater than 8x, must equal 7i minus 8x
Fatal:	• If 2a equals '1', '2', '3', '4', '7', '9' or '14' and 7i is less than or equal to 8x , must equal zero
FIELD NUMBER:	88
POSITION:	761-766
LINE REFERENCE NO:	8y.

NAME:	**Annual Imputed Welfare Income**
DESCRIPTION:	Annual imputed welfare income as sanction determined by TANF
TYPE:	Numeric
SIZE:	6
COMMENTS:	If 2a equals ‘5’, ‘6’, ‘8’, ‘10’, ‘11’, ’12, ‘13’ or ’15’, put zero.
EDITS:	
Fatal:	• If 2a equals ‘1’, ‘2’, ‘3’, ‘4’, ‘7’, ‘9’ or ‘14’, must be greater than or equal to zero and less than 90000
FIELD NUMBER:	89
POSITION:	767-772
LINE REFERENCE NO:	8z.

NAME:	**Adjusted Annual Income**
DESCRIPTION:	Annual income after adjusting imputed welfare income
TYPE:	Numeric
SIZE:	6
COMMENTS:	None
EDITS:	
Fatal:	• Must be valued the sum of 8y and 8z
FIELD NUMBER:	90
POSITION:	773-778
LINE REFERENCE NO:	8aa.

NAME:	**Total Monthly Income**
DESCRIPTION:	The total income on a monthly basis
TYPE:	Numeric
SIZE:	6
COMMENTS:	Annual income divided by 12; use whole numbers (no decimals). If 2a equals ‘5’, ‘6’, ‘8’, ‘10’, ‘11’, ‘12’, ‘13’ or ‘15’, put zero
EDITS:	
Fatal:	• If 2a equals ‘1’, ‘2’, ‘3’, ‘4’, ‘7’, ‘9’ or ‘14’, must be valued to equal 7i divided by 12
FIELD NUMBER:	91
POSITION:	779-784

LINE REFERENCE NO: 9a.

NAME:	**Reserved**
DESCRIPTION:	Reserved for future use if instructed by HUD
TYPE:	Numeric
SIZE:	4
COMMENTS:	None
EDITS:	
Fatal:	• Must be blank
FIELD NUMBER:	92
POSITION:	785-788
LINE REFERENCE NO:	9b.

NAME:	**TTP If Based on Annual Income**
DESCRIPTION:	Total Tenant Payment if based on the annual income
TYPE:	Numeric
SIZE:	6
COMMENTS:	The product of the total monthly income and the percent of monthly income; use whole numbers. If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero
EDITS:	
Fatal:	• If 2a equals '1', '2', '3', '4', '7', '9' or '14', must equal to the product of line 9a and 0.1
FIELD NUMBER:	93
POSITION:	789-794
LINE REFERENCE NO:	9c.

NAME:	**Adjusted Monthly Income**
DESCRIPTION:	The adjusted income on a monthly basis
TYPE:	Numeric
SIZE:	6
COMMENTS:	Use whole numbers; Adjusted annual income divided by 12. If 2a equals '5', '6', '8', '10', '11', '13' or '15', put zero
EDITS:	
Fatal:	• If 2a equals '1', '2', '3', '4', '7', '9' or '14', must equal 8aa divided by 12
FIELD NUMBER:	94
POSITION:	795-800
LINE REFERENCE NO:	9d.

NAME:	**Percent of Monthly Adjusted Income**
DESCRIPTION:	Percent used to calculate adjusted annual income
TYPE:	Numeric
SIZE:	4
COMMENTS:	Use integers, default to '30'. If 2a equals '5', '6', '8', '10', '11', '13' or '15', put zero
EDITS:	
Fatal:	• If 2a equals '1', '2', '3', '4', '7', '9' or '14', must valued with default value of '30'
FIELD NUMBER:	95
POSITION:	801-804
LINE REFERENCE NO:	9e.

NAME:	**TTP If Based on Adjusted Annual Income**
DESCRIPTION:	Total tenant payment if based on the amount of adjusted annual income
TYPE:	Numeric
SIZE:	5
COMMENTS:	The product of adjusted monthly income and the percent of adjusted monthly income; use whole numbers. If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero
EDITS:	
Fatal:	• If 2a equals '1', '2', '3', '4', '7', '9' or '14', must equal the product of lines 9d and 9e divided by 100
FIELD NUMBER:	96
POSITION:	805-809
LINE REFERENCE NO:	9f.

NAME:	**Welfare Rent Per Month**
DESCRIPTION:	Amount of welfare rent per month
TYPE:	Numeric
SIZE:	5
COMMENTS:	If 2a equals '5', '6', '8', '10', '11', 12', '13' or '15', must equal zero
EDITS:	
Fatal:	• If no 7b in the Income Records is 'T' or "G' (the family has no TANF or general assistance income), must equal zero
FIELD NUMBER:	97
POSITION:	810-814
LINE REFERENCE NO:	9g.

NAME:	**Minimum Rent**
DESCRIPTION:	Minimum total tenant payment
TYPE:	Numeric
SIZE:	3
COMMENTS:	If waived, put zero. If 2a is '5', '6, '8', '10', '11', '12', '13' or '15', put zero
EDITS:	
Fatal:	• Must be greater than or equal to zero
Fatal:	• If 2f equals 'N' or is blank, must be less than 50
FIELD NUMBER:	98
POSITION:	815-817
LINE REFERENCE NO:	9h.

NAME:	**Enhanced Voucher TTP**
DESCRIPTION:	TTP for Enhanced Voucher program
TYPE:	Numeric
SIZE:	5
COMMENTS:	Use whole numbers. If 2a equals ‘5’, ‘6’, ‘8’, ‘10’,’11’, ‘12’, ‘13’ or ‘15’ or 2m does not equal ‘EV’, put zero
EDITS:	
Fatal:	• Must be greater than or equal to zero and less than 2000
FIELD NUMBER:	99
POSITION:	818-822
LINE REFERENCE NO:	9i.

NAME:	**TTP**
DESCRIPTION:	Amount of total tenant payment
TYPE:	Numeric
SIZE:	5
COMMENTS:	Use whole numbers. If 2a equals ‘5’, ‘6’, ‘8’, ‘10’, ‘11’, ’12, ‘13’ or ‘15’, must be zero.
EDITS:	
Fatal:	• Must be greater than or equal to zero and less than 2250
Fatal:	• If 2a equals ‘1’, ‘2’, ‘3’, ‘4’, ‘7’, ‘9’ or ‘14’ and 2m equals ‘EV’, must be highest of 9c, 9f, 9g, 9h or 9i
Fatal:	• If 2a equals ‘1’, ‘2’, ‘3’, ‘4’, ‘7’, ‘9’ or ‘14’ and 2m does not equal ‘EV’, must be highest of 9c, 9f, 9g or 9h
FIELD NUMBER:	100
POSITION:	823-827
LINE REFERENCE NO:	9j.

NAME:	**Most Recent TTP**
DESCRIPTION:	The TTP from the most recent calculation prior to this rent calculation
TYPE:	Numeric
SIZE:	5
COMMENTS:	Use whole numbers; Not applicable to New Admissions. If 2a equal ‘1’, ‘5’, ‘6’, ‘8’, ‘10’, ‘11’, ‘12’, ‘13’ or ‘15’, must equal zero
EDITS:	None
FIELD NUMBER:	101
POSITION:	828-832
LINE REFERENCE NO:	9k.

NAME:	**Qualify for Minimum Rent Hardship Indicator**
DESCRIPTION:	Indicates if the family qualifies for the minimum rent hardship
TYPE:	Alpha
SIZE:	1
COMMENTS:	If 2a equals ‘5’, ‘6’, ‘8’, ‘9’, ‘10’, ‘11’, ‘12’, ‘13’ or ‘15’, leave blank.
EDITS:	
Fatal:	• If 2a equals ‘1’, ‘2’, ‘3’, ‘4’, ‘7’ or ‘14’, must equal ‘Y’ or ‘N’.
FIELD NUMBER:	102
POSITION:	833
LINE REFERENCE NO:	9m.

50058 Family Record

NAME:	**Record Identifier**
DESCRIPTION:	The field indicates this is the beginning of a new record
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'T' for the Record Identifier for the family record format.
EDITS:	
Fatal:	• Must equal 'T'
FIELD NUMBER:	1
POSITION:	1
LINE REFERENCE NO:	n/a

NAME:	**Record Number**
DESCRIPTION:	A sequential number that indicates the record number of the transmission
TYPE:	Numeric
SIZE:	6
COMMENTS:	The number is incremented by 1 for each subsequent record in the transmission.
EDITS:	None
FIELD NUMBER:	2
POSITION:	2-7
LINE REFERENCE NO:	n/a

NAME:	**Member Number**
DESCRIPTION:	The numeric value assigned to the member of the household
TYPE:	Numeric
SIZE:	2
COMMENTS:	Use '01' for the Head of Household; order sequentially. Cannot be blank
EDITS:	
Fatal:	• Must be valued numeric
Fatal:	• Highest member number must equal the total count of Family Records (members in the household)
Fatal:	• The highest member number must equal 3t in the Basic Record
Fatal:	• If 3h does not equal 'H', cannot equal '01'
Fatal:	• If 3h equals 'H', must equal '01'
FIELD NUMBER:	3
POSITION:	8-9
LINE REFERENCE NO:	3a.

NAME:	**Member Last Name**
DESCRIPTION:	Last name of the member of the household
TYPE:	Alpha
SIZE:	30
COMMENTS:	Separate name suffixes with commas (ex.: Smith, Jr.).
EDITS:	
Fatal:	• Must be valued
FIELD NUMBER:	4
POSITION:	10-39
LINE REFERENCE NO:	3b.

NAME:	**Member First Name**
DESCRIPTION:	First name of the member of the household
TYPE:	Alpha
SIZE:	30
COMMENTS:	Do not include name prefixes such as Mr. or Ms.
EDITS:	
Fatal:	• Must be valued
FIELD NUMBER:	5
POSITION:	40-69
LINE REFERENCE NO:	3c.

NAME:	**Member Middle Initial**
DESCRIPTION:	Middle initial of the member of the household
TYPE:	Alpha
SIZE:	1
COMMENTS:	Optional information.
EDITS:	None
FIELD NUMBER:	6
POSITION:	70
LINE REFERENCE NO:	3d.

NAME:	**Member Birth Date**
DESCRIPTION:	Birth date of the member of the household
TYPE:	Date
SIZE:	8
COMMENTS:	Use MMDDYYYY format. If 3h equals 'F' or 'L', may be blank
EDITS:	
Fatal:	• If 3h equals 'H', 'S', 'Y', 'E', 'A', or 'K' (person is a family member), must be valued
Fatal:	• If valued, must be 'MMDDYYYY' format
Fatal:	• If valued, must be earlier than or equal to 2b (effective date of action)
FIELD NUMBER:	7
POSITION:	71-78
LINE REFERENCE NO:	3e.

NAME:	**Member Sex Code**
DESCRIPTION:	Gender of the member of the household
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use ‘M’ for male, ‘F’ for female.
EDITS:	
Fatal:	• Must equal ‘M’ or ‘F’
FIELD NUMBER:	8
POSITION:	79
LINE REFERENCE NO:	3g.

NAME:	**Member Relation Code**
DESCRIPTION:	Describes the member’s category in the household
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use ‘H’ for head, ‘S’ for spouse, ‘K’ for co-head, ‘F’ for foster child/foster adult, ‘Y’ for other youth under 18, ‘E’ for full-time student 18+, ‘L’ for live-in aid, and ‘A’ for other adult.
EDITS:	
Fatal:	• Must equal ‘H’, ‘S’, ‘K’, ‘F’, ‘Y’, ‘E’, ‘L’ or ‘A’
Fatal:	• If 3a equals ‘01’, must equal ‘H’
Fatal:	• If equal ‘S’, 3h for other Family Records cannot equal ‘K’
Fatal:	• If equal ‘K’, 3h for other Family Records cannot equal ‘S’
FIELD NUMBER:	9
POSITION:	80
LINE REFERENCE NO:	3h.

NAME:	**Member Citizenship Code**
DESCRIPTION:	Code indicating the member's citizenship status
TYPE:	Alpha
SIZE:	2
COMMENTS:	Use 'EC' for eligible citizen, 'EN' for eligible noncitizen, 'IN' for ineligible noncitizen, and 'PV' for pending verification. If 3h equals 'F' or 'L', may be blank.
EDITS:	
Fatal:	• If 3h equals 'H', 'S', 'K', 'Y', 'E', or 'A', must be valued
Fatal:	• If valued, must equal 'EC', 'EN', 'IN', or 'PV'
FIELD NUMBER:	10
POSITION:	81-82
LINE REFERENCE NO:	3i.

NAME:	**Member Disability Indicator**
DESCRIPTION:	Indicates if the member of the household has a disability
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes and 'N' for no.
EDITS:	
Fatal:	• Must equal 'Y' or 'N'
FIELD NUMBER:	11
POSITION:	83
LINE REFERENCE NO:	3j.

NAME:	**Member Race Code White Indicator**
DESCRIPTION:	Indicates if the race of the member of the household is white
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes and 'N' for no. If 3h equals 'S', 'K', 'F', 'Y', 'E', 'L' or 'A', may be blank.
EDITS:	
Fatal:	• If 3h equals 'H', must be valued
Fatal:	• If valued, must equal 'Y' or 'N'
Fatal:	• If 3h equals 'H' and each of 3k(2), 3k(3), 3k(4) and 3k(5) equals 'N' or is blank, must equal valued 'Y'
FIELD NUMBER:	12
POSITION:	84
LINE REFERENCE NO:	3k(1).

NAME:	**Member Race Code Black/African American Indicator**
DESCRIPTION:	Indicates if the race of the member of the household is Black/African American
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes and 'N' for no. If 3h equals 'S', 'K', 'F', 'Y', 'E', 'L' or 'A', may be blank.
EDITS:	
Fatal:	• If 3h equals 'H', must be valued
Fatal:	• If valued, must equal 'Y' or 'N'
Fatal:	• If 3h equals 'H' and each of 3k(1), 3k(3), 3k(4) and 3k(5) equals 'N' or is blank, must equal valued 'Y'
FIELD NUMBER:	13
POSITION:	85
LINE REFERENCE NO:	3k(2).

NAME:	**Member Race Code American Indian/Alaska Native Indicator**
DESCRIPTION:	Indicates if the race of the member of the household is Indian/Alaska Native
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes and 'N' for no. If 3h equals 'S', 'K', 'F', 'Y', 'E', 'L' or 'A', may be blank.
EDITS:	
Fatal:	• If 3h equals 'H', must be valued
Fatal:	• If valued, must equal 'Y' or 'N'
Fatal:	• If 3h equals 'H' and each of 3k(1), 3k(2), 3k(4) and 3k(5) equals 'N' or is blank, must equal valued 'Y'
FIELD NUMBER:	14
POSITION:	86
LINE REFERENCE NO:	3k(3).

NAME:	**Member Race Code Asian Indicator**
DESCRIPTION:	Indicates if the race of the member of the household is Asian
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes and 'N' for no. If 3h equals 'S', 'K', 'F', 'Y', 'E', 'L' or 'A', may be blank.
EDITS:	
Fatal:	• If 3h equals 'H', must be valued
Fatal:	• If valued, must equal 'Y' or 'N'
Fatal:	• If 3h equals 'H' and each of 3k(1), 3k(2), 3k(3) and 3k(5) equals 'N' or is blank, must equal valued 'Y'
FIELD NUMBER:	15
POSITION:	87
LINE REFERENCE NO:	3k(4).

NAME:	**Member Race Code Native Hawaiian/other Pacific Islander Indicator**
DESCRIPTION:	Indicates if the race of the member of the household is Native Hawaiian/other Pacific Islander
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes and 'N' for no. If 3h equals 'S', 'K', 'F', 'Y', 'E', 'L' or 'A', may be blank.
EDITS:	
Fatal:	• If 3h equals 'H', must be valued
Fatal:	• If valued, must equal 'Y' or 'N'
Fatal:	• If 3h equals 'H' and each of 3k(1), 3k(2), 3k(3) and 3k(4) equals 'N' or is blank, must equal valued 'Y'
FIELD NUMBER:	16
POSITION:	88
LINE REFERENCE NO:	3k(5).

NAME:	**Member Ethnicity Code**
DESCRIPTION:	Indicates whether the individual is Hispanic or Latino
TYPE:	Numeric
SIZE:	1
COMMENTS:	Use '1' for Hispanic or Latino and '2' for Not Hispanic or Latino. If 3h equals 'S', 'K', 'F', 'Y', 'E', 'L' or 'A', may equal zero.
EDITS:	
Fatal:	• If 3h equals 'H', must be valued
Fatal:	• If valued, must equal '1' or '2'
FIELD NUMBER:	17
POSITION:	89
LINE REFERENCE NO:	3m.

NAME:	**Member SSN**
DESCRIPTION:	Social Security Number of the member of the household
TYPE:	Numeric
SIZE:	9
COMMENTS:	If member of the household does not have an SSN, use '999999999'.
EDITS:	
Fatal:	• If 3h equals 'H', 'S', 'K', 'Y', 'E' or 'A', must be valued
Fatal:	• If 3h equals 'H', must equal 3n in Basic Record
Fatal:	• If valued, must be nine digits
Fatal:	• If valued, cannot equal '000000000'.
FIELD NUMBER:	18
POSITION:	90-98
LINE REFERENCE NO:	3n.

NAME:	**Meeting Community Service Requirement**
DESCRIPTION:	Indicate if the family member meets community service requirement
TYPE:	Numeric
SIZE:	1
COMMENTS:	Use '1' for yes, '2' for no, '3' for pending, '4' for exception and '5' for n/a. If 1c equals 'CE', 'VO', 'MR' or 'B', leave blank. If 3h equals 'F', 'L', 'Y' or 'E', may be blank.
EDITS:	
Fatal:	• If 1c equals 'P' and 3h equals 'H', 'S', 'K' or 'A', must be valued
Fatal:	• If valued, must equal '1', '2', '3', '4' or '5'
Fatal:	• If valued and 2b minus 3e is greater than or equal to 62, must equal 5
Fatal:	• If valued and 3j equals 'Y', must equal 5
FIELD NUMBER:	19
POSITION:	99
LINE REFERENCE NO:	3q.

50058 Income Record Format

NAME:	**Record Identifier**
DESCRIPTION:	The field indicates this is the beginning of a new record
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'I' for the Record Identifier for the income record.
EDITS:	
Fatal:	• Must equal 'I'
FIELD NUMBER:	1
POSITION:	1
LINE REFERENCE NO:	n/a

NAME:	**Record Number**
DESCRIPTION:	A sequential number that indicates the record number of the transmission
TYPE:	Numeric
SIZE:	6
COMMENTS:	The number is incremented by 1 for each subsequent record in the transmission.
EDITS:	None
FIELD NUMBER:	2
POSITION:	2-7
LINE REFERENCE NO:	n/a

NAME:	**Member Number**
DESCRIPTION:	The numeric value assigned to the member of the household who contributed the income
TYPE:	Numeric
SIZE:	2
COMMENTS:	Use the same member number that was used in 3a.
EDITS:	
Fatal:	• Must be valued
Fatal:	• Must equal a 3a value (member number) in Family Records
FIELD NUMBER:	3
POSITION:	8-9
LINE REFERENCE NO:	7a.

NAME:	**Income Code**
DESCRIPTION:	The code to indicate the source of the income for the member of the family
TYPE:	Alpha
SIZE:	3
COMMENTS:	Use 'P' for pension, 'S' for SSI, 'G' for general assistance, 'I' for Indian trust/per capita, 'B' for own business, 'F' for Federal wage, 'W' for other wage, 'N' for other nonwage sources, 'SS' for Social Security, 'T' for TANF, 'C' for child support, 'M' for military pay, 'HA' for PHA wage, 'U' for unemployment benefits and 'E' for Medical Reimbursement.
EDITS:	
Fatal:	• If 7d is greater than zero, must be valued
Fatal:	• If valued, must equal 'P', 'S', 'G', 'I', 'B', 'F', 'W', 'N', 'SS', 'T', 'C', 'E', 'M', 'HA' or 'U'
FIELD NUMBER:	4
POSITION:	10-12
LINE REFERENCE NO:	7b.

NAME:	**Dollars Per Year**
DESCRIPTION:	Identifies the dollars per year for the income source listed in 7b
TYPE:	Numeric
SIZE:	6
COMMENTS:	Use whole numbers.
EDITS:	
Fatal:	• If 7b is valued, must be greater than zero
Fatal:	• Must be greater than or equal to zero and less than 90000
FIELD NUMBER:	5
POSITION:	13-18
LINE REFERENCE NO:	7d.

NAME:	**Income Exclusions**
DESCRIPTION:	Amount of inclusions earned income excluded per year
TYPE:	Numeric
SIZE:	6
COMMENTS:	Use whole numbers.
EDITS:	
Fatal:	• Must be greater than or equal to zero and less than 90000
Fatal:	• Must be less than or equal to 7d
FIELD NUMBER:	6
POSITION:	19-24
LINE REFERENCE NO:	7e.

50058 Public Housing Record Format

NAME:	**Record Identifier**
DESCRIPTION:	The field indicates this is the beginning of a new record
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'P' for the Record Identifier for the Public Housing record.
EDITS:	
Fatal:	• Must equal 'P'
Fatal:	• 1c in the Basic Record must equal 'P' or 'B'
FIELD NUMBER:	1
POSITION:	1
LINE REFERENCE NO:	n/a

NAME:	**Record Number**
DESCRIPTION:	A sequential number that indicates the record number of the transmission
TYPE:	Numeric
SIZE:	6
COMMENTS:	The number is incremented by 1 for each subsequent record in the transmission.
EDITS:	None
FIELD NUMBER:	2
POSITION:	2-7
LINE REFERENCE NO:	n/a

NAME:	**Flat Rent**
DESCRIPTION:	Amount of rent charged the tenant that elects the Flat rent option
TYPE:	Numeric
SIZE:	5
COMMENTS:	Use whole numbers. If 10u equals 'F' or 3u equals 'P', put zero.
EDITS:	
Fatal:	• If greater than, 1c must equal 'P'
Fatal:	• If 10u equals 'F', must be greater than zero
Fatal:	• Must be greater than or equal to zero and less than 3500
FIELD NUMBER:	3
POSITION:	8-12
LINE REFERENCE NO:	10b.

NAME:	**Ceiling Rent**
DESCRIPTION:	Amount of rent charged the tenant under a ceiling rent agreement
TYPE:	Numeric
SIZE:	5
COMMENTS:	Use whole numbers. If 10u equals 'F' or 3u equals 'P', put zero.
EDITS:	
Fatal:	• If 10u equals 'I' and 3u equals 'C', 'E', 'F' or 'T', must be greater than or equal to zero and less than 3500
FIELD NUMBER:	4
POSITION:	13-17
LINE REFERENCE NO:	10c.

NAME:	**Lower Rent**
DESCRIPTION:	The lower of TTP or Ceiling Rent
TYPE:	Numeric
SIZE:	5
COMMENTS:	If 10u equals 'F' or 3u equals 'P', put zero. If 10c (Ceiling Rent) equals 0, fill with 9k (TTP).
EDITS:	
Fatal:	• If 10u equals 'I' and 3u equals 'C', 'E', 'F' or 'T' and 10c equals zero, must equal 9j
Fatal:	• If 10u equals 'I' and 3u equals 'C', 'E', 'F' or 'T' and 10c is greater than zero, must equal lower of 9j or 10c
FIELD NUMBER:	5
POSITION:	18-22
LINE REFERENCE NO:	10d.

NAME:	**Utility Allowance**
DESCRIPTION:	Allowance determined for utilities
TYPE:	Numeric
SIZE:	4
COMMENTS:	Use whole numbers; If none, put zero.
EDITS:	
Warning:	• Must be less than 400
Fatal:	• Must be greater than or equal to zero and less than 1000
FIELD NUMBER:	6
POSITION:	23-26
LINE REFERENCE NO:	10e.

NAME:	**Tenant Rent (or credit to tenant)**
DESCRIPTION:	Amount of tenant rent
TYPE:	Numeric
SIZE:	6
COMMENTS:	Use positive or negative numbers. If 10u equals 'F' or 3u equals 'P', put zero.
EDITS:	
Fatal:	• If 10u equals 'I' and 3u equals 'C', 'E', 'F' or 'T', must equal 10d minus 10e
Fatal:	• Must be greater than -2500 and less than 2500
FIELD NUMBER:	7
POSITION:	27-32
LINE REFERENCE NO:	10f.

NAME:	**Reserved**
DESCRIPTION:	Reserved for future use if instructed by HUD
TYPE:	Numeric
SIZE:	5
COMMENTS:	Submit blanks unless instructed by HUD.
EDITS:	
Fatal:	• Must be blank
FIELD NUMBER:	8
POSITION:	33-37
LINE REFERENCE NO:	10g.

NAME:	**Public/Indian Housing Maximum Rent**
DESCRIPTION:	The maximum rent in Public and Indian Housing
TYPE:	Numeric
SIZE:	6
COMMENTS:	Use whole numbers. If 10u equals 'F' or 3u equals 'C', 'E', 'F' or 'T', put zero.
EDITS:	
Fatal:	• If 10u equals 'I' and 3u equals 'P', must be greater than or equals to zero and less than 3000
FIELD NUMBER:	9
POSITION:	38-43
LINE REFERENCE NO:	10h.

NAME:	**Family Maximum Subsidy**
DESCRIPTION:	The maximum subsidy for the family
TYPE:	Numeric
SIZE:	6
COMMENTS:	Equals Maximum Rent minus TTP. If 10u equals 'F' or 3u equals 'C', 'E', 'F' or 'T', put zero.
EDITS:	
Fatal:	• If 10u equals 'I' and 3u equals 'P' and 10h is greater than 9j, must equal 10h minus 9j
FIELD NUMBER:	10
POSITION:	44-49
LINE REFERENCE NO:	10i.

NAME:	**Total Number Eligible**
DESCRIPTION:	The total number of family members eligible
TYPE:	Numeric
SIZE:	2
COMMENTS:	Include family members with citizenship status 'EC', for eligible citizen, or 'EN', for eligible noncitizen, and 'PV' for pending verification. If 10u equals 'F' or 3u equals 'C', 'E', 'F' or 'T', put zero.
EDITS:	
Fatal:	• If 10u equals 'I' and 3u equals 'P', must equal the total count of Family Records in which 3h equals 'H', 'S', 'Y', 'E', 'K', or 'A' and 3i equals 'EC', 'EN' or 'PV' (total count of family members who are eligible citizen, eligible noncitizen or pending verification)
FIELD NUMBER:	11
POSITION:	50-51
LINE REFERENCE NO:	10j.

NAME:	**Total Number in Family**
DESCRIPTION:	The total number of family members
TYPE:	Numeric
SIZE:	2
COMMENTS:	Total the number of members of the family. If 10u equals 'F' or 3u equals 'C', 'E', 'F' or 'T', put zero.
EDITS:	
Fatal:	• If 10u equals 'I' and 3u equals 'P', must equal the total count of Family Records in which 3h equals 'H', 'S', 'Y', 'E', 'K' or 'A' (total count of family members)
FIELD NUMBER:	12
POSITION:	52-53
LINE REFERENCE NO:	10k.

NAME:	**Reserved**
DESCRIPTION:	Reserved for future use if instructed by HUD
TYPE:	Numeric
SIZE:	2
COMMENTS:	Submit blanks unless instructed by HUD.
EDITS:	
Fatal:	• Must be blank
FIELD NUMBER:	13
POSITION:	54-55
LINE REFERENCE NO:	10m.

NAME:	**Eligible Subsidy**
DESCRIPTION:	The subsidy amount for which the family is eligible
TYPE:	Numeric
SIZE:	6
COMMENTS:	The product of (the family maximum subsidy divided by the total number in the family) and the total number eligible. If 10u equals 'F' or 3u equals 'C', 'E', 'F' or 'T', put zero.
EDITS:	
Fatal:	• If 10u equals 'I' and 3u equals 'P', must equal the product of 10j and the result of 10i divided by 10k
FIELD NUMBER:	14
POSITION:	56-61
LINE REFERENCE NO:	10n.

NAME:	**Mixed Family Total Tenant Payment**
DESCRIPTION:	TTP based on the proration calculation
TYPE:	Numeric
SIZE:	5
COMMENTS:	Maximum rent minus the eligible subsidy. If 10u equals 'F' or 3u equals 'C', 'E', 'F' or 'T', put zero.
EDITS:	
Fatal:	• If 10u equals 'I' and 3u equals 'P' and 10h is greater than
Fatal:	10n, must equal 10h minus 10n
	• If 10u equals 'I' and 3u equals 'P' and 10h is less than or
Fatal:	equal to 10n, must equal zero
FIELD NUMBER:	15
POSITION:	62-66
LINE REFERENCE NO:	10p.

NAME:	**Reserved**
DESCRIPTION:	Reserved for future use if instructed by HUD
TYPE:	Numeric
SIZE:	5
COMMENTS:	Submit blanks unless instructed by HUD.
EDITS:	
Fatal:	• Must be blank
FIELD NUMBER:	16
POSITION:	67-71
LINE REFERENCE NO:	10q.

NAME:	**Utility Allowance**
DESCRIPTION:	Allowance determined for utilities
TYPE:	Numeric
SIZE:	4
COMMENTS:	Use whole numbers. If 10u equals 'F' or 3u equals 'C', 'E', 'F' or 'T', put zero.
EDITS:	
Fatal:	• If 10u equals 'I' and 3u equals 'P', must be greater than or equal to zero and less than 1000
Warning:	• Must be less than 400
FIELD NUMBER:	17
POSITION:	72-75
LINE REFERENCE NO:	10r.

NAME:	**Mixed Family Tenant Rent**
DESCRIPTION:	Tenant Rent based on proration
TYPE:	Numeric
SIZE:	6
COMMENTS:	Use positive or negative numbers. If 10u equals 'F' or 3u equals 'C', 'E', 'F' or 'T', put zero.
EDITS:	
Fatal:	• If 10u equals 'I' and 3u equals 'P', must equal 10p minus
Fatal:	10r
Warning:	• Must be greater than -700 and less than 700
Fatal:	• Must be greater than -3500 and less than 3500
FIELD NUMBER:	18
POSITION:	76-81
LINE REFERENCE NO:	10s.

NAME:	**Reserved**
DESCRIPTION:	Reserved for future use if instructed by HUD
TYPE:	Numeric
SIZE:	5
COMMENTS:	Submit blanks unless instructed by HUD.
EDITS:	
Fatal:	• Must be blank
FIELD NUMBER:	19
POSITION:	82-86
LINE REFERENCE NO:	10t.

NAME:	**Type of Rent**
DESCRIPTION:	Indicates whether rent is based on income, including ceiling, maximum, or minimum rent (in which the value = I), or whether the rent is a flat rent (in which the value = F)
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'I' for Income based, 'F' for Flat.
EDITS:	
Fatal:	• Must be 'I' or 'F'
Fatal:	• If 1c equals 'B', must be 'I'
FIELD NUMBER:	20
POSITION:	87
LINE REFERENCE NO:	10u.

NAME:	**Reserved**
DESCRIPTION:	Reserved for future use if instructed by HUD
TYPE:	Numeric
SIZE:	5
COMMENTS:	Submit blanks unless instructed by HUD.
EDITS:	
Fatal:	• Must be blank
FIELD NUMBER:	21
POSITION:	88-92
LINE REFERENCE NO:	10v.

50058 Indian Mutual Record

NAME:	**Record Identifier**
DESCRIPTION:	The field indicates this is the beginning of a new record
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'N' for the Record Identifier for the Indian mutual record format.
EDITS:	
Fatal:	• Must equal 'N'
Fatal:	• 1c in the Basic Record must equal 'B'
FIELD NUMBER:	1
POSITION:	1
LINE REFERENCE NO:	n/a

NAME:	**Record Number**
DESCRIPTION:	A sequential number that indicates the record number of the transmission
TYPE:	Numeric
SIZE:	6
COMMENTS:	The number is incremented by 1 for each subsequent record in the transmission.
EDITS:	None
FIELD NUMBER:	2
POSITION:	2-7
LINE REFERENCE NO:	n/a

NAME:	**Mutual Help Percentage**
DESCRIPTION:	The number that corresponds to the percent in the mutual help agreement
TYPE:	Numeric
SIZE:	4
COMMENTS:	Use an integer.
EDITS:	
Warning:	• If not zero, must be greater than or equal to 1500 and less than or equal to 3000
FIELD NUMBER:	3
POSITION:	8-11
LINE REFERENCE NO:	16b.

NAME:	**Gross Family Cost**
DESCRIPTION:	The product of the adjusted monthly income and the mutual help percentage
TYPE:	Numeric
SIZE:	6
COMMENTS:	Use whole numbers.
EDITS:	
Warning:	• Must equal product of 9d and 16b divided by 10,000
FIELD NUMBER:	4
POSITION:	12-17
LINE REFERENCE NO:	16c.

NAME:	**Utility Allowance**
DESCRIPTION:	The allowance for utilities
TYPE:	Numeric
SIZE:	4
COMMENTS:	Use whole numbers.
EDITS:	
Warning:	• Must be greater than or equal to zero and less than 400
FIELD NUMBER:	5
POSITION:	18-21
LINE REFERENCE NO:	16d.

NAME:	**Net Cost**
DESCRIPTION:	The gross family cost less the utility allowance
TYPE:	Numeric
SIZE:	5
COMMENTS:	If the utility allowance is larger than the gross family cost, put zero.
EDITS:	
Warning:	• If 16c is greater than 16d, must equal 16c minus 16d
Warning:	• If 16c is less than or equal to 16d, must equal zero
FIELD NUMBER:	6
POSITION:	22-26
LINE REFERENCE NO:	16e.

NAME:	**Administration Charge**
DESCRIPTION:	Charge for administration set by the Indian housing authority
TYPE:	Numeric
SIZE:	5
COMMENTS:	Use whole numbers.
EDITS:	None
FIELD NUMBER:	7
POSITION:	27-31
LINE REFERENCE NO:	16f.

NAME:	**Maximum Monthly Payment in Agreement**
DESCRIPTION:	The maximum monthly payment if the Indian housing authority has a maximum monthly payment schedule
TYPE:	Numeric
SIZE:	5
COMMENTS:	If the Indian Housing Authority does not have a maximum monthly payment schedule, put zero.
EDITS:	
Warning:	• Must equal zero or be greater than or equal to 16f
FIELD NUMBER:	8
POSITION:	32-36
LINE REFERENCE NO:	16g.

NAME:	**Family Cost**
DESCRIPTION:	Cost to the family
TYPE:	Numeric
SIZE:	5
COMMENTS:	Enter the higher of Net Cost or Administration Charge, but not more than Maximum Payment
EDITS:	
Warning:	• If not zero and both 16e and 16f are less than 16g, must be higher of 16e or 16f
Warning:	• If valued and either 16e or 16f is greater than 16g, must equal 16g
FIELD NUMBER:	9
POSITION:	37-41
LINE REFERENCE NO:	16h.

50058 Certificate Record Format

NAME:	**Record Identifier**
DESCRIPTION:	The field indicates this is the beginning of a new record
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'C' for the Record Identifier for the certificate record format.
EDITS:	
Fatal:	• Must equal 'C'
Fatal:	• 1c in the Basic Record must equal 'CE'
FIELD NUMBER:	1
POSITION:	1
LINE REFERENCE NO:	n/a

NAME:	**Record Number**
DESCRIPTION:	A sequential number that indicates the record number of the transmission
TYPE:	Numeric
SIZE:	6
COMMENTS:	The number is incremented by 1 for each subsequent record in the transmission.
EDITS:	None
FIELD NUMBER:	2
POSITION:	2-7
LINE REFERENCE NO:	n/a

NAME:	**Date Unit Last Passed HQS Inspection**
DESCRIPTION:	The date the unit last passed inspection
TYPE:	Date
SIZE:	8
COMMENTS:	Use MMDDYYYY format.
EDITS:	
Fatal:	• Must be in 'MMDDYYYY' format
FIELD NUMBER:	3
POSITION:	8-15
LINE REFERENCE NO:	5h.

NAME:	**Date of Last Annual HQS Inspection**
DESCRIPTION:	The date the unit was last inspected
TYPE:	Date
SIZE:	8
COMMENTS:	Use MMDDYYYY format.
EDITS:	
Fatal:	• Must be in 'MMDDYYYY' format
FIELD NUMBER:	4
POSITION:	16-23
LINE REFERENCE NO:	5i.

NAME:	**Number of Bedrooms on Certificate**
DESCRIPTION:	The number of bedrooms listed on the certificate
TYPE:	Numeric
SIZE:	1
COMMENTS:	None
EDITS:	
Fatal:	• Must be greater than or equal to zero and less than or equal to 9
FIELD NUMBER:	5
POSITION:	24
LINE REFERENCE NO:	11a.

NAME:	**Family Moving Into Unit Indicator**
DESCRIPTION:	Indicates that the family is now moving into this unit
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes and 'N' for no.
EDITS:	
Fatal:	• Must equal 'Y' or 'N'
FIELD NUMBER:	6
POSITION:	25
LINE REFERENCE NO:	11b.

NAME:	**Reserved**
DESCRIPTION:	Reserved for future use if instructed by HUD
TYPE:	Alpha
SIZE:	1
COMMENTS:	Submit blanks unless instructed by HUD.
EDITS:	
Fatal:	• Must be blank
FIELD NUMBER:	7
POSITION:	26
LINE REFERENCE NO:	11c.

NAME:	**Portability Indicator**
DESCRIPTION:	Indicates that this family moved into this PHA jurisdiction under portability
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes and 'N' for no.
EDITS:	
Fatal:	• Must be 'Y' or 'N'
Fatal:	• If 2a equals '4', must equal 'Y'
FIELD NUMBER:	8
POSITION:	27
LINE REFERENCE NO:	11d.

NAME:	**Cost Billed per Month**
DESCRIPTION:	Monthly amount billed to another PHA for this family
TYPE:	Numeric
SIZE:	5
COMMENTS:	if this PHA has absorbed this family into it's own program, put zero.
EDITS:	
Fatal:	• Must be greater than or equal to zero and less than 3000
Fatal:	• If 11d equals 'N', must equal zero
FIELD NUMBER:	9
POSITION:	28-32
LINE REFERENCE NO:	11e.

NAME:	**PHA Code Billed**
DESCRIPTION:	PHA code of the PHA billed under portability
TYPE:	Alphanumeric
SIZE:	5
COMMENTS:	If 11d equals 'N' and 11e equals zero, leave blank.
EDITS:	
Fatal:	• If 11d equals 'Y', must be valued
Fatal:	• If 11e is greater than zero, must be valued
Fatal:	• If valued, must equal a valid PHA code
Fatal:	• If valued, cannot equal 1b
FIELD NUMBER:	10
POSITION:	33-37
LINE REFERENCE NO:	11f.

NAME:	**Project Based Certificate Program Unit Indicator**
DESCRIPTION:	Indicates whether this is a Project Based Certificate Program unit
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes and 'N' for no.
EDITS:	
Fatal:	• Must equal 'Y' or 'N'
	• If 11b equals 'Y', must equal 'Y'
FIELD NUMBER:	11
POSITION:	38
LINE REFERENCE NO:	11g(1).

NAME:	**Independent Group Residence Indicator**
DESCRIPTION:	Indicates whether the housing type is Independent Group Residence (IGR)
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes and 'N' for no.
EDITS:	
Fatal:	• Must be 'Y' or 'N'
FIELD NUMBER:	12
POSITION:	39
LINE REFERENCE NO:	11g(2).

NAME:	**Single Room Occupancy Indicator**
DESCRIPTION:	Indicates whether the housing type is Single Room Occupancy (SRO)
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes and 'N' for no.
EDITS:	
Fatal:	• Must be 'Y' or 'N'
FIELD NUMBER:	13
POSITION:	40
LINE REFERENCE NO:	11g(3).

NAME:	**Owner Name**
DESCRIPTION:	Name of unit owner
TYPE:	Alphanumeric
SIZE:	35
COMMENTS:	None
EDITS:	
Fatal:	• Must be valued
FIELD NUMBER:	14
POSITION:	41-75
LINE REFERENCE NO:	11h.

NAME:	**Owner TIN/SSN**
DESCRIPTION:	Tax Identification or Social Security Number of the owner
TYPE:	Alphanumeric
SIZE:	9
COMMENTS:	Enter either the TIN or the Owner SSN.
EDITS:	
Fatal:	• Must be valued with nine digit alphanumeric
FIELD NUMBER:	15
POSITION:	76-84
LINE REFERENCE NO:	11i.

NAME:	**Reserved**
DESCRIPTION:	Reserved for future use if instructed by HUD
TYPE:	Numeric
SIZE:	5
COMMENTS:	Submit blanks unless instructed by HUD.
EDITS:	
Fatal:	• Must be blank
FIELD NUMBER:	16
POSITION:	85-89
LINE REFERENCE NO:	11j.

NAME:	**Contract Rent to Owner**
DESCRIPTION:	Monthly rent payable to owner specified in the HAP contract
TYPE:	Numeric
SIZE:	5
COMMENTS:	Use whole dollars.
EDITS:	
Fatal:	• Must be greater than or equal to 5 and less than 3000
FIELD NUMBER:	17
POSITION:	90-94
LINE REFERENCE NO:	11k.

NAME:	**Utility Allowance**
DESCRIPTION:	The allowance for utilities
TYPE:	Numeric
SIZE:	4
COMMENTS:	Use whole numbers; If none, use zero.
EDITS:	
Fatal:	• Must be greater than or equal to zero and less than 400
FIELD NUMBER:	18
POSITION:	95-98
LINE REFERENCE NO:	11m.

NAME:	**Gross Rent of Unit**
DESCRIPTION:	The contract rent to owner plus the utility allowance
TYPE:	Numeric
SIZE:	5
COMMENTS:	Use whole numbers.
EDITS:	
Fatal:	• Must equal sum of 11k and 11m
FIELD NUMBER:	19
POSITION:	99-103
LINE REFERENCE NO:	11n.

NAME:	**Reserved**
DESCRIPTION:	Reserved for future use if instructed by HUD
TYPE:	Numeric
SIZE:	5
COMMENTS:	Submit blanks unless instructed by HUD.
EDITS:	
Fatal:	• Must be blank
FIELD NUMBER:	20
POSITION:	104-108
LINE REFERENCE NO:	11p.

NAME:	**Total HAP**
DESCRIPTION:	Total PHA Payment
TYPE:	Numeric
SIZE:	6
COMMENTS:	Use whole numbers. If 11q is larger, put zero. If 3u equals 'P', put zero.
EDITS:	
Fatal:	• If 3u equals 'C', 'E', 'F' or 'T' and 11n is greater than 9j, must equal 11n minus 9j
Fatal:	• If 3u equals 'C', 'E', 'F' or 'T' and 11n is less than or equal to 9j, must equal to zero
FIELD NUMBER:	21
POSITION:	109-114
LINE REFERENCE NO:	11r.

NAME:	**Tenant Rent**
DESCRIPTION:	Amount of tenant rent
TYPE:	Numeric
SIZE:	6
COMMENTS:	Use positive or negative numbers. If 3u equals 'P', put zero.
EDITS:	
Fatal:	• If 3u equals 'C', 'E', 'F' or 'T', must equal 11k minus 11r
Fatal:	• Must be greater than -2499 and less than 2499
FIELD NUMBER:	22
POSITION:	115-120
LINE REFERENCE NO:	11s.

NAME:	**HAP to Owner**
DESCRIPTION:	PHA Payment to the owner
TYPE:	Numeric
SIZE:	5
COMMENTS:	The lower of the contract rent to owner or the total HAP. If 3u equals 'P', put zero.
EDITS:	
Fatal:	• If 3u equals 'C', 'E', 'F' or 'T', must equal the lower of 11k or 11r
FIELD NUMBER:	23
POSITION:	121-125
LINE REFERENCE NO:	11t.

NAME:	**Normal Total HAP**
DESCRIPTION:	Normal total HAP in regular tenancy under proration
TYPE:	Numeric
SIZE:	6
COMMENTS:	Gross rent less TTP. If 3u equals 'C', 'E', 'F' or 'T', put zero.
EDITS:	
Fatal:	• If 3u equals 'P' and 11n is greater than 9j, must equal 11n minus 9j
Fatal:	• If 3u equals 'P' and 11n is less than or equal to 9j, must equal to zero
FIELD NUMBER:	24
POSITION:	126-131
LINE REFERENCE NO:	11aa.

NAME:	**Reserved**
DESCRIPTION:	Reserved for future use if instructed by HUD
TYPE:	Numeric
SIZE:	5
COMMENTS:	Submit blanks unless instructed by HUD.
EDITS:	
Fatal:	• Must be blank
FIELD NUMBER:	25
POSITION:	132-136
LINE REFERENCE NO:	11ab.

NAME:	**Reserved**
DESCRIPTION:	Reserved for future use if instructed by HUD
TYPE:	Numeric
SIZE:	5
COMMENTS:	Submit blanks unless instructed by HUD.
EDITS:	
Fatal:	• Must be blank
FIELD NUMBER:	26
POSITION:	137-141
LINE REFERENCE NO:	11ac.

NAME:	**Reserved**
DESCRIPTION:	Reserved for future use if instructed by HUD
TYPE:	Numeric
SIZE:	5
COMMENTS:	Submit blanks unless instructed by HUD.
EDITS:	
Fatal:	• Must be blank
FIELD NUMBER:	27
POSITION:	142-146
LINE REFERENCE NO:	11ad.

NAME:	**Total Number Eligible**
DESCRIPTION:	Total number of members of the family eligible for subsidy
TYPE:	Numeric
SIZE:	2
COMMENTS:	Include family members with citizenship status 'EC', for eligible citizen, or 'EN', for eligible noncitizen, and 'PV', for pending verification. If 3u equals 'C', 'E', 'F' or 'T', put zero.
EDITS:	
Fatal:	• If 3u equals 'P', must equal total of count of Family Records in which 3h equals 'H', 'S', 'Y', 'E', 'K' or 'A' and 3i equals of 'EC', 'EN' or 'PV' (total count of family members who are eligible citizen, eligible noncitizen or pending verification)
FIELD NUMBER:	28
POSITION:	147-148
LINE REFERENCE NO:	11ae.

NAME:	**Total Number in Family**
DESCRIPTION:	Total number of members of the family
TYPE:	Numeric
SIZE:	2
COMMENTS:	Total the number of members of the family. If 3u equals 'C', 'E', 'F' or 'T', put zero.
EDITS:	
Fatal:	• If 3u equals 'P', must equal the total count of Family Records in which 3h equals 'H', 'S', 'Y', 'E', 'K' or 'A' (total count of family members)
FIELD NUMBER:	29
POSITION:	149-150
LINE REFERENCE NO:	11af.

NAME:	**Proration Percentage**
DESCRIPTION:	The percent of the family eligible for subsidy
TYPE:	Numeric
SIZE:	2
COMMENTS:	Use an integer. If 3u equals 'C', 'E', 'F' or 'T', put zero.
EDITS:	
Fatal:	• If 3u equals 'P', must equal 11ae divided by 11af multiplied by 100
FIELD NUMBER:	30
POSITION:	151-152
LINE REFERENCE NO:	11ag.

NAME:	**Prorated Total HAP**
DESCRIPTION:	The prorated Total PHA Payment
TYPE:	Numeric
SIZE:	5
COMMENTS:	Use whole numbers. Use the product of 11aa and 11ag. . If 3u equals 'C', 'E', 'F' or 'T', put zero.
EDITS	
Fatal:	• If 3u equals 'P', must equal 11aa and 11ag divided by 100
FIELD NUMBER:	31
POSITION:	153-157
LINE REFERENCE NO:	11ah.

NAME:	**Mixed Family TTP**
DESCRIPTION:	The prorated Total Tenant Payment
TYPE:	Numeric
SIZE:	5
COMMENTS:	Gross rent minus prorated total HAP. If 3u equals 'C', 'E', 'F' or 'T', put zero.
EDITS:	
Fatal:	• If 3u equals 'P', and 11n is greater than 11ah, must equal 11n minus 11ah
Fatal:	• If 3u equals 'P' and 11n is less than or equal to 11ah, must equal zero
FIELD NUMBER:	32
POSITION:	158-162
LINE REFERENCE NO:	11ai.

NAME:	**Mixed Family Tenant Rent**
DESCRIPTION:	Tenant Rent based on proration
TYPE:	Numeric
SIZE:	5
COMMENTS:	Use positive or negative numbers. If 3u equals 'C', 'E', 'F' or 'T', put zero.
EDITS:	
Fatal:	• If 3u equals 'P', must equal 11ai minus 11m
Fatal:	• Must be greater than -2499 and less than 2499
FIELD NUMBER:	33
POSITION:	163-167
LINE REFERENCE NO:	11ak.

NAME:	**Reserved**
DESCRIPTION:	Reserved for future use if instructed by HUD
TYPE:	Numeric
SIZE:	5
COMMENTS:	Submit blanks unless instructed by HUD.
EDITS:	
Fatal:	• Must be blank
FIELD NUMBER:	34
POSITION:	168-172
LINE REFERENCE NO:	11am.

NAME:	**Prorated HAP to Owner**
DESCRIPTION:	Prorated PHA Payment to the owner
TYPE:	Numeric
SIZE:	5
COMMENTS:	Contract rent to owner less the mixed family tenant rent. If 3u equals 'C', 'E', 'F' or 'T', put zero.
EDITS:	
Fatal:	• If 3u equals 'P', and 11ak is positive and less than 11k, must equal 11k minus 11ak
Fatal:	• If 3u equals 'P' and 11ak is positive and greater than or equal to 11k, must equal zero
Fatal:	• If 3u equals 'P' and 11ak is negative, must equal 11k
FIELD NUMBER:	35
POSITION:	173-177
LINE REFERENCE NO:	11an.

50058 Voucher Record Format

NAME:	**Record Identifier**
DESCRIPTION:	The field indicates this is the beginning of a new record
TYPE:	Numeric
SIZE:	3
COMMENTS:	Use 'V' for the Record Identifier for the voucher record format.
EDITS::	
Fatal:	• Must equal 'V'
Fatal:	• 1c in the Basic Record must be 'VO'
FIELD NUMBER:	1
POSITION:	1
LINE REFERENCE NO:	n/a

NAME:	**Record Number**
DESCRIPTION:	A sequential number that indicates the record number of the transmission
TYPE:	Numeric
SIZE:	6
COMMENTS:	The number is incremented by 1 for each subsequent record in the transmission.
EDITS:	None
FIELD NUMBER:	2
POSITION:	2-7
LINE REFERENCE NO:	n/a

NAME:	**Date Unit Last Passed HQS Inspection**
DESCRIPTION:	The date the unit last passed inspection
TYPE:	Date
SIZE:	8
COMMENTS:	Use MMDDYYYY format.
EDITS:	
Fatal:	• Must be in 'MMDDYYYY' format
FIELD NUMBER:	3
POSITION:	8-15
LINE REFERENCE NO:	5h.

NAME:	**Date of Last Annual HQS Inspection**
DESCRIPTION:	The date the unit was last inspected
TYPE:	Date
SIZE:	8
COMMENTS:	Use MMDDYYYY format.
EDITS:	
Fatal:	• Must be in 'MMDDYYYY' format
FIELD NUMBER:	4
POSITION:	15-22
LINE REFERENCE NO:	5i.

NAME:	**Number of Bedrooms on Voucher**
DESCRIPTION:	The number of bedrooms listed on the voucher
TYPE:	Numeric
SIZE:	1
COMMENTS:	User whole numbers.
EDITS:	
Fatal:	• Must be greater than or equal to zero and less than or equal to 9
FIELD NUMBER:	5
POSITION:	23
LINE REFERENCE NO:	12a.

NAME:	**Family Moving Into Unit Indicator**
DESCRIPTION:	Indicates that the family is occupying this unit for the first time
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes and 'N' for no.
EDITS:	
Fatal:	• Must equal 'Y' or 'N'
FIELD NUMBER:	6
POSITION:	24
LINE REFERENCE NO:	12b.

NAME:	**Family Qualify for Hard to House Indicator**
DESCRIPTION:	Indicates if the family qualified as a Hard to House family
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes and 'N' for no.
EDITS:	
Fatal:	• Must equal 'Y' or 'N'
Fatal:	• If 12g(2) equals 'Y', must be 'N'
FIELD NUMBER:	7
POSITION:	25
LINE REFERENCE NO:	12c.

NAME:	**Portability Indicator**
DESCRIPTION:	Indicates if this family moved into this PHA jurisdiction under portability
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes and 'N' for no.
EDITS:	
Fatal:	• Must equal 'Y' or 'N'
Fatal:	• If 2a equals '4', must equal 'Y'
FIELD NUMBER:	8
POSITION:	26
LINE REFERENCE NO:	12d.

NAME:	**Cost Billed per Month**
DESCRIPTION:	Monthly amount billed to another PHA for this family
TYPE:	Numeric
SIZE:	4
COMMENTS:	If this PHA has absorbed this family into its own program, enter zero.
EDITS:	
Fatal:	• Must be greater than or equal to zero and less than 3000
Fatal:	• If 12d equals 'N', must equal zero
FIELD NUMBER:	9
POSITION:	27-31

LINE REFERENCE NO: 12e.

NAME:	**PHA Code Billed**
DESCRIPTION:	PHA code for the PHA billed under portability
TYPE:	Alphanumeric
SIZE:	5
COMMENTS:	If 12d equals 'N' and 12e equals zero, leave blank.
EDITS:	
Fatal:	• If 12d equals 'Y', must be valued
Fatal:	• If 12e is greater than zero, must be valued
Fatal:	• If valued, must equal a valid PHA code
Fatal:	• If valued, cannot equal 1b
FIELD NUMBER:	10
POSITION:	32-36
LINE REFERENCE NO:	12f.

NAME:	**Independent Group Residence Indicator**
DESCRIPTION:	Indicates whether the housing type is Independent Group Residence (IGR)
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes and 'N' for no.
EDITS:	
Fatal:	• Must be 'Y' or 'N'
FIELD NUMBER:	11
POSITION:	37
LINE REFERENCE NO:	12g(1).

NAME:	**Project Based Indicator**
DESCRIPTION:	Indicates whether the assistance is in the form of a project-based voucher
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes and 'N' for no.
EDITS:	
Fatal:	• Must be 'Y' or 'N'
FIELD NUMBER:	12
POSITION:	38

LINE REFERENCE NO: 12g(2).

NAME:	**Own Manufactured Home, Lease Space Indicator**
DESCRIPTION:	Indicates whether the family owns a manufactured home and rents the space or land upon which the home rests
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes and 'N' for no.
EDITS:	
Fatal:	• Must be 'Y' or 'N'
Fatal:	• If 2g(3) equals 'Y', 12c must equal 'N'
FIELD NUMBER:	13
POSITION:	39
LINE REFERENCE NO:	12g(3).

NAME:	**Single Room Occupancy Indicator**
DESCRIPTION:	Indicates whether the housing type is Single Room Occupancy (SRO)
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes and 'N' for no.
EDITS:	
Fatal:	• Must be 'Y' or 'N'
Fatal:	• If 12g(4) equals 'Y', 12c must equal 'N'
FIELD NUMBER:	14
POSITION:	40
LINE REFERENCE NO:	12g(4).

NAME:	**Owner Name**
DESCRIPTION:	Name of unit owner
TYPE:	Alphanumeric
SIZE:	35
COMMENTS:	None
EDITS:	
Fatal:	• Must be valued
FIELD NUMBER:	15
POSITION:	41-75
LINE REFERENCE NO:	12h.

NAME:	**Owner TIN/SSN**
DESCRIPTION:	Tax Identification or Social Security Number of the owner
TYPE:	Alphanumeric
SIZE:	9
COMMENTS:	Enter either the TIN or the SSN.
EDITS:	
Fatal:	• Must be valued with nine digit alphanumeric
FIELD NUMBER:	16
POSITION:	76-84
LINE REFERENCE NO:	12i.

NAME:	**Payment Standard for Family**
DESCRIPTION:	Payment standard stated on the family's voucher
TYPE:	Numeric
SIZE:	4
COMMENTS:	Use whole numbers.
EDITS:	
Fatal:	• Must be greater than or equal to 50 and less than 3000
FIELD NUMBER:	17
POSITION:	85-88
LINE REFERENCE NO:	12j.

NAME:	**Rent to Owner**
DESCRIPTION:	Monthly rent payable to owner specified in the HAP contract
TYPE:	Numeric
SIZE:	4
COMMENTS:	Use whole dollars.
EDITS:	
Fatal:	• Must be greater than or equal to 5 and less than 3000
FIELD NUMBER:	18
POSITION:	989-92
LINE REFERENCE NO:	12k.

NAME:	**Utility Allowance**
DESCRIPTION:	The allowance for tenant paid utilities
TYPE:	Numeric
SIZE:	4
COMMENTS:	Use whole numbers; If none, enter zero.
EDITS:	
Warning:	• Must be less than 400
Fatal:	• Must be greater than or equal to zero and less than 1400
FIELD NUMBER:	19
POSITION:	93-96
LINE REFERENCE NO:	12m.

NAME:	**Gross Rent of Unit**
DESCRIPTION:	The rent to owner plus the utility allowance
TYPE:	Numeric
SIZE:	4
COMMENTS:	Use whole numbers.
EDITS:	
Fatal:	• Must equal sum of lines 12k and 12m
FIELD NUMBER:	20
POSITION:	97-100
LINE REFERENCE NO:	12n.

NAME:	**Lower of 12j or 12n**
DESCRIPTION:	The lower of Voucher Payment Standard and Gross Rent of Unit
TYPE:	Numeric
SIZE:	4
COMMENTS:	If the maximum subsidy is larger than the gross rent, put zero.
EDITS:	
Fatal:	• Must equal 12j or 12n
Fatal:	• Must be lower of 12j or 12n
FIELD NUMBER:	21
POSITION:	101-104
LINE REFERENCE NO:	12p.

NAME:	**Total HAP**
DESCRIPTION:	The monthly rent amount owed to the unit owner
TYPE:	Numeric
SIZE:	4
COMMENTS:	12p minus 9j. If 9j is larger, put zero.
EDITS:	
Fatal:	• If 12p is greater than 9j, must equal 12p minus 9j
Fatal:	• If 12p is less than or equal to 9j, must equal zero
FIELD NUMBER:	22
POSITION:	105-108
LINE REFERENCE NO:	12r.

NAME:	**Total Family Share**
DESCRIPTION:	Total amount family contributes toward rent and utilities
TYPE:	Numeric
SIZE:	4
COMMENTS:	Use whole numbers. If 3u equals 'P', put zero.
EDITS:	
Fatal:	• If 3u equals 'C', 'E', 'F' or 'T' and 12n is greater than 12r, must equal 12n minus 12r • If 3u equals 'C', 'E', 'F' or 'T' and 12n is less than or equal to 12r, must equal zero
FIELD NUMBER:	23
POSITION:	109-112
LINE REFERENCE NO:	12s.

NAME:	**HAP to Owner**
DESCRIPTION:	PHA Payment to Owner
TYPE:	Numeric
SIZE:	4
COMMENTS:	Lower of Rent to Owner (12k) or Total Voucher Subsidy (12r). If 3u equals 'P', put zero.
EDITS:	
Fatal:	• If 3u equals 'C', 'E', 'F' or 'T', must equal the lower of 12k or 12r
FIELD NUMBER:	24
POSITION:	113-116
LINE REFERENCE NO:	12t.

NAME:	**Tenant Rent to Owner**
DESCRIPTION:	The family's rent to the owner
TYPE:	Numeric
SIZE:	4
COMMENTS:	Rent to Owner minus HAP to Owner. If 3u equals 'P', put zero.
EDITS:	
Fatal:	• If 3u equals 'C', 'E', 'F' or 'T' and 12k is greater than 12t,
Fatal:	must be 12k minus 12t
	• If 3u equals 'C', 'E', 'F' or 'T' and 12k is less than or
Fatal:	equal to 12t, must equal zero
FIELD NUMBER:	25
POSITION:	117-120
LINE REFERENCE NO:	12u.

NAME:	**Utility Reimbursement to Family**
DESCRIPTION:	The utility reimbursement paid to the family
TYPE:	Numeric
SIZE:	4
COMMENTS:	Total HAP (12r) minus HAP to owner (12t), not exceeding Utility allowance (12m). If 3u equals 'P', put zero.
EDITS:	
Fatal:	• If 3u equals 'C', 'E', 'F' or 'T', and if 12r minus 12t is less than or equal to 12m, must equal 12r minus 12t.
Fatal:	• If 3u equals 'C', 'E', 'F' or 'T', and 12r and if 12r minus 12t is greater than 12m, must equal 12m
FIELD NUMBER:	26
POSITION:	121-124
LINE REFERENCE NO:	12v.

NAME:	**Reserved**
DESCRIPTION:	Reserved for future use if instructed by HUD
TYPE:	Numeric
SIZE:	5
COMMENTS:	Submit zeros unless instructed by HUD.
EDITS:	
Fatal:	• Must equal zero
FIELD NUMBER:	27
POSITION:	125-129
LINE REFERENCE NO:	12aa.

NAME:	**Total Number Eligible**
DESCRIPTION:	Total number of members of the family eligible for subsidy
TYPE:	Numeric
SIZE:	2
COMMENTS:	Include family members with citizenship status 'EC', for eligible citizen, or 'EN', for eligible noncitizen, and 'PV', for pending verification. If 3u equals 'C', 'E', 'F' or 'T', put zero.
EDITS:	
Fatal:	• If 3u equals 'P', must equal total of count of Family Records in which 3h equals 'H', 'S', 'Y', 'E', 'K' or 'A' and 3i equals of 'EC', 'EN' or 'PV' (total count of family members who are eligible citizen, eligible noncitizen or pending verification)
FIELD NUMBER:	28
POSITION:	130-131
LINE REFERENCE NO:	12ac.

NAME:	**Total Number in Family**
DESCRIPTION:	Total number of members of the family
TYPE:	Numeric
SIZE:	2
COMMENTS:	Total the number of members of the family. If 3u equals 'C', 'E', 'F' or 'T', put zero.
EDITS:	
Fatal:	• If 3u equals 'P', must equal the total count of Family Records in which 3h equals 'H', 'S', 'Y', 'E', 'K' or 'A' (total count of family members)
FIELD NUMBER:	29
POSITION:	132-133
LINE REFERENCE NO:	12ad.

NAME:	**Proration Percentage**
DESCRIPTION:	The percent of the family eligible for subsidy
TYPE:	Numeric
SIZE:	2
COMMENTS:	Use an integer. If 3u equals 'C', 'E', 'F' or 'T', put zero.
EDITS:	
Fatal:	• If 3u equals 'P', must equal 12ac divided by 12ad multiplied by 100
FIELD NUMBER:	30
POSITION:	134-135
LINE REFERENCE NO:	12ae.

NAME:	**Prorated Total HAP**
DESCRIPTION:	The prorated total PHA Payment
TYPE:	Numeric
SIZE:	4
COMMENTS:	Use whole numbers. Product of Normal total HAP and the proration percentage. If 3u equals 'C', 'E', 'F' or 'T', put zero.
EDITS:	
Fatal:	• If 3u equals 'P', must equal (the lower of 12r or 12n) multiplied by 12ae divided by 100
FIELD NUMBER:	31
POSITION:	136-139
LINE REFERENCE NO:	12af.

NAME:	**Mixed Family Total Family Contribution**
DESCRIPTION:	The prorated Total Family Contribution
TYPE:	Numeric
SIZE:	4
COMMENTS:	Gross rent minus prorated HAP. If 3u equals 'C', 'E', 'F' or 'T', put zero.
EDITS:	
Fatal:	• If 3u equals 'P' and 12n is greater than 12af, must equal 12n minus 12af
Fatal:	• If 3u equals 'P' and 12n is less than or equal to 12af, must equal zero
FIELD NUMBER:	32
POSITION:	140-143
LINE REFERENCE NO:	12ag.

NAME:	**Mixed Family Tenant Rent to Owner**
DESCRIPTION:	Tenant Rent based on proration
TYPE:	Numeric
SIZE:	5
COMMENTS:	Use positive or negative numbers. If 3u equals 'C', 'E', 'F' or 'T', put zero.
EDITS:	
Fatal:	• If 3u equals 'P', must equal 12ag minus 12m
Warning:	• Must be greater than -700 and less than 700
Fatal:	• Must be greater than -3500 and less than 3500
FIELD NUMBER:	33
POSITION:	144-148
LINE REFERENCE NO:	12ai.

NAME:	**Prorated HAP to Owner**
DESCRIPTION:	Prorated PHA Payment to the owner
TYPE:	Numeric
SIZE:	4
COMMENTS:	Rent to owner less the tenant rent. If 3u equals 'C', 'E', 'F' or 'T', put zero.
EDITS:	
Fatal:	• If 3u equals 'P' and 12ai is positive and less than 12k, must equal 12k minus 12ai
Fatal:	• If 3u equals 'P' and 12ai is positive and greater than or equal to 12k, must equal zero
Fatal:	• If 3u equals 'P' and 12ai is negative, must equal 12k
FIELD NUMBER:	34
POSITION:	149-152
LINE REFERENCE NO:	12aj.

NAME:	**Reserved**
DESCRIPTION:	Reserved for future use if instructed by HUD
TYPE:	Numeric
SIZE:	5
COMMENTS:	Submit zeros unless instructed by HUD.
EDITS:	
Fatal:	• Must equal zero
FIELD NUMBER:	35
POSITION:	153-157
LINE REFERENCE NO:	12ak.

50058 Mod Rehab Record Format

NAME:	**Record Identifier**
DESCRIPTION:	The field indicates this is the beginning of a new record
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'R' for the Record Identifier for the Mod Rehab record format.
EDITS:	
Fatal:	• Must equal 'R'
Fatal:	• 1c in the Basic Record must equal 'MR'
FIELD NUMBER:	1
POSITION:	1
LINE REFERENCE NO:	n/a

NAME:	**Record Number**
DESCRIPTION:	A sequential number that indicates the record number of the transmission
TYPE:	Numeric
SIZE:	6
COMMENTS:	The number is incremented by 1 for each subsequent record in the transmission.
EDITS:	None
FIELD NUMBER:	2
POSITION:	2-7
LINE REFERENCE NO:	n/a

NAME:	**Date Unit Last Passed HQS Inspection**
DESCRIPTION:	The date the unit last passed inspection
TYPE:	Date
SIZE:	8
COMMENTS:	Use MMDDYYYY format.
EDITS:	
Fatal:	• Must be in 'MMDDYYYY' format
FIELD NUMBER:	3
POSITION:	8-15
LINE REFERENCE NO:	5h.

NAME:	**Date of Last Annual HQS Inspection**
DESCRIPTION:	The date the unit was last inspected
TYPE:	Date
SIZE:	8
COMMENTS:	Use MMDDYYYY format.
EDITS:	
Fatal:	• Must be in 'MMDDYYYY' format
FIELD NUMBER:	4
POSITION:	16-23
LINE REFERENCE NO:	5i.

NAME:	**HAP Contract Number**
DESCRIPTION:	The PHA Payment contract number
TYPE:	Alphanumeric
SIZE:	14
COMMENTS:	None
EDITS:	
Fatal:	• Must be valued
FIELD NUMBER:	5
POSITION:	24-37
LINE REFERENCE NO:	13a.

NAME:	**Mod Rehab Single Room Occupancy Program for the Homeless Indicator**
DESCRIPTION:	Indicates whether the unit is part of the McKinney Moderate Rehabilitation Single Room Occupancy (SRO) program for the homeless
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes and 'N' for no.
EDITS:	
Fatal:	• Must equal 'Y' or 'N'
FIELD NUMBER:	6
POSITION:	38
LINE REFERENCE NO:	13b.

NAME:	**Mod Rehab Single Room Occupancy Unit Indicator**
DESCRIPTION:	Indicates whether the housing type is mod rehab Single Room Occupancy (SRO)
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes and 'N' for no; Not for the Homeless program.
EDITS:	
Fatal:	• Must equal 'Y' or 'N'
FIELD NUMBER:	7
POSITION:	39
LINE REFERENCE NO:	13c.

NAME:	**Owner Name**
DESCRIPTION:	Name of unit owner
TYPE:	Alphanumeric
SIZE:	35
COMMENTS:	None
EDITS:	
Fatal:	• Must be valued
FIELD NUMBER:	8
POSITION:	40-74
LINE REFERENCE NO:	13d.

NAME:	**Owner TIN/SSN**
DESCRIPTION:	Tax Identification or Social Security Number of the owner
TYPE:	Alphanumeric
SIZE:	9
COMMENTS:	Enter either the TIN or the SSN.
EDITS:	
Fatal:	• Must be valued with nine digit alphanumeric
FIELD NUMBER:	9
POSITION:	75-83
LINE REFERENCE NO:	13e.

NAME:	**Current Base Rent**
DESCRIPTION:	The current base rent of the unit
TYPE:	Numeric
SIZE:	4
COMMENTS:	Use whole numbers; do not include cents.
EDITS:	
Fatal:	• Must be greater than or equal to 50 and less than 3000
FIELD NUMBER:	10
POSITION:	84-87
LINE REFERENCE NO:	13f.

NAME:	**Rehabilitation Debt Service**
DESCRIPTION:	Monthly rehabilitation debt service applicable to the unit
TYPE:	Numeric
SIZE:	4
COMMENTS:	Use whole numbers; If none, put zero.
EDITS:	
Fatal:	• Must be greater than or equal to zero and less than 3000
FIELD NUMBER:	11
POSITION:	88-91
LINE REFERENCE NO:	13g.

NAME:	**Contract Rent to Owner**
DESCRIPTION:	Monthly rent payable to owner specified in the HAP contract
TYPE:	Numeric
SIZE:	5
COMMENTS:	Must equal the sum of the current base rent and the rehabilitation debt service.
EDITS:	
Fatal:	• Must equal the sum of 13f and 13g
FIELD NUMBER:	12
POSITION:	92-96
LINE REFERENCE NO:	13h.

NAME:	**Utility Allowance**
DESCRIPTION:	The allowance for utilities
TYPE:	Numeric
SIZE:	4
COMMENTS:	Use whole numbers; If none, enter zero.
EDITS:	
Warning:	• Must be less than 400
Fatal:	• Must be greater than or equal to zero and less than 1000
FIELD NUMBER:	13
POSITION:	97-100
LINE REFERENCE NO:	13i.

NAME:	**Tenant Rent**
DESCRIPTION:	The tenant rent
TYPE:	Numeric
SIZE:	6
COMMENTS:	Use positive and negative numbers. If 3u equals 'P', put zero.
EDITS:	
Fatal:	• If 3u equals 'C', 'E', 'F' or 'T' and 13j is less than or equal to the sum of 13h and 13i, must equal 9j minus 13i
Fatal:	• If 3u equals 'C', 'E', 'F' or 'T' and 13j is greater than the sum of 13h and 13i, must equal 13h
FIELD NUMBER:	14
POSITION:	101-106
LINE REFERENCE NO:	13k.

NAME:	**HAP to Owner**
DESCRIPTION:	PHA Payment to the owner
TYPE:	Numeric
SIZE:	5
COMMENTS:	Contract rent to owner less the tenant rent. If 3u equals 'P', put zero.
EDITS:	
Fatal:	• If 3u equals 'C', 'E', 'F' or 'T' and 13k is negative, must equal 13h
Fatal:	• If 3u equals 'C', 'E', 'F' or 'T' and 13k is positive and 13k is less than 13h, must equal 13h minus 13k
Fatal:	• If 3u equals 'C', 'E', 'F' or 'T' and 13k is positive and 13k is greater than or equal to 13h, must equal zero
FIELD NUMBER:	15
POSITION:	107-111
LINE REFERENCE NO:	13m.

NAME:	**Reserved**
DESCRIPTION:	Reserved for future use if instructed by HUD
TYPE:	Numeric
SIZE:	5
COMMENTS:	Submit blanks unless instructed by HUD.
EDITS:	
Fatal:	• Must be blank
FIELD NUMBER:	16
POSITION:	112-116
LINE REFERENCE NO:	13n.

NAME:	**Gross Rent**
DESCRIPTION:	The rent to owner plus the utility allowance
TYPE:	Numeric
SIZE:	6
COMMENTS:	Use whole numbers. If 3u equals 'C', 'E', 'F' or 'T', put zero.
EDITS:	
Fatal:	• If 3u equals 'P', must equal the sum of 13h and 13i
FIELD NUMBER:	17
POSITION:	117-122
LINE REFERENCE NO:	13p.

NAME:	**Normal Total HAP**
DESCRIPTION:	Normal total HAP under proration
TYPE:	Numeric
SIZE:	5
COMMENTS:	Gross rent minus TTP. If 3u equals 'C', 'E', 'F' or 'T', put zero.
EDITS:	
Fatal:	• If 3u equals 'P' and 13p is greater than or equal to 9j, must equal 13p minus 9j
Fatal:	• If 3u equals 'P' and 13p is less than 9j, must equal zero
FIELD NUMBER:	18
POSITION:	123-127
LINE REFERENCE NO:	13q.

NAME:	**Total Number Eligible**
DESCRIPTION:	Total number of members of the family eligible for subsidy
TYPE:	Numeric
SIZE:	2
COMMENTS:	Include family members with citizenship status 'EC', for eligible citizen, or 'EN', for eligible noncitizen, and 'PV', for pending. If 3u equals 'C', 'E', 'F' or 'T', put zero.
EDITS:	
Fatal:	• If 3u equals 'P', must equal total of count of Family Records in which 3h equals 'H', 'S', 'Y', 'E', 'K' or 'A' and 3i equals of 'EC', 'EN' or 'PV' (total count of family members who are eligible citizen, eligible noncitizen or pending verification)
FIELD NUMBER:	19
POSITION:	128-129
LINE REFERENCE NO:	13r.

NAME:	**Total Number in Family**
DESCRIPTION:	Total number of members of the family
TYPE:	Numeric
SIZE:	2
COMMENTS:	Total the number of members of the family. If 3u equals 'C', 'E', 'F' or 'T', put zero.
EDITS:	
Fatal:	• If 3u equals 'P', must equal the total count of Family Records in which 3h equals 'H', 'S', 'Y', 'E', 'K' or 'A' (total count of family members)
FIELD NUMBER:	20
POSITION:	130-131
LINE REFERENCE NO:	13s.

NAME:	**Proration Percentage**
DESCRIPTION:	The percent of the family eligible for subsidy
TYPE:	Numeric
SIZE:	2
COMMENTS:	Use an integer. If 3u equals 'C', 'E', 'F' or 'T', put zero.
EDITS:	
Fatal:	• If 3u equals 'P', must equal 13r divided by 13s multiplied by 100
FIELD NUMBER:	21
POSITION:	132-133
LINE REFERENCE NO:	13t.

NAME:	**Prorated Total HAP**
DESCRIPTION:	The prorated PHA Payment
TYPE:	Numeric
SIZE:	5
COMMENTS:	Product of Normal Total HAP and the proration fraction. If 3u equals 'C', 'E', 'F' or 'T', put zero.
EDITS:	
Fatal:	• If 3u equals 'P', must equal the product of 13q and 13t divided by 100
FIELD NUMBER:	22
POSITION:	134-138
LINE REFERENCE NO:	13u.

NAME:	**Mixed Family TTP**
DESCRIPTION:	The prorated Total Tenant Payment
TYPE:	Numeric
SIZE:	5
COMMENTS:	Gross rent minus prorated HAP. If 3u equals 'C', 'E', 'F' or 'T', put zero.
EDITS:	
Fatal:	• If 3u equals 'P' and 13p is greater than or equal to 13u, must equal 13p minus 13u
Fatal:	• If 3u equals 'P' and 13p is less than 13u, must equal zero
FIELD NUMBER:	23
POSITION:	139-143
LINE REFERENCE NO:	13v.

NAME:	**Mixed Family Tenant Rent**
DESCRIPTION:	Tenant Rent based on proration
TYPE:	Numeric
SIZE:	6
COMMENTS:	Use positive or negative numbers. If 3u equals 'C', 'E', 'F' or 'T', put zero.
EDITS:	
Fatal:	• If 3u equals 'P', must equal 13v minus 13i
Warning:	• Must be greater than -700 and less than 700
Fatal:	• Must be greater than -3500 and less than 3500
FIELD NUMBER:	24
POSITION:	144-149
LINE REFERENCE NO:	13x.

NAME:	**Reserved**
DESCRIPTION:	Reserved for future use if instructed by HUD
TYPE:	Numeric
SIZE:	5
COMMENTS:	Submit blanks unless instructed by HUD.
EDITS:	
Fatal:	• Must be blank
FIELD NUMBER:	25
POSITION:	150-154
LINE REFERENCE NO:	13y.

NAME:	**Prorated HAP to Owner**
DESCRIPTION:	Prorated PHA Payment to the owner
TYPE:	Numeric
SIZE:	5
COMMENTS:	Rent to owner less the tenant rent. If 3u equals 'C', 'E', 'F' or 'T', put zero.
EDITS:	
Fatal:	• If 3u equals 'P' and 13x positive and 13x is less than or equal to 13h, must equal 13h minus 13x.
Fatal:	• If 3u equals 'P' and 13x positive and 13x greater than 13h, must equal zero.
Fatal:	• If equals 'P' and 13x negative, must equal 13h
FIELD NUMBER:	26
POSITION:	155-159
LINE REFERENCE NO:	13z.

50058 Manufactured Homeowner Record

NAME:	**Record Identifier**
DESCRIPTION:	The field indicates this is the beginning of a new record
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'M' for the Record Identifier for the Manufactured Homeowner Renting the Space record format.
EDITS:	
Fatal:	• Must equal 'M'
Fatal:	• 1c in the Basic Record must equal 'CE'
FIELD NUMBER:	1
POSITION:	1
LINE REFERENCE NO:	n/a

NAME:	**Record Number**
DESCRIPTION:	A sequential number that indicates the record number of the transmission
TYPE:	Numeric
SIZE:	6
COMMENTS:	The number is incremented by 1 for each subsequent record in the transmission.
EDITS:	None
FIELD NUMBER:	2
POSITION:	2-7
LINE REFERENCE NO:	n/a

NAME:	**Date Unit Last Passed HQS Inspection**
DESCRIPTION:	The date the unit last passed inspection
TYPE:	Date
SIZE:	8
COMMENTS:	Use MMDDYYYY format.
EDITS:	
Fatal:	• Must be in 'MMDDYYYY' format
FIELD NUMBER:	3
POSITION:	8-15
LINE REFERENCE NO:	5h.

NAME:	**Date of Last HQS Inspection**
DESCRIPTION:	The date the unit was last inspected
TYPE:	Date
SIZE:	8
COMMENTS:	Use MMDDYYYY format.
EDITS:	
Fatal:	• Must be in 'MMDDYYYY' format
FIELD NUMBER:	4
POSITION:	16-23
LINE REFERENCE NO:	5i.

NAME:	**Number of Bedrooms on Certificate**
DESCRIPTION:	The number of bedrooms listed on the certificate
TYPE:	Numeric
SIZE:	1
COMMENTS:	None
EDITS:	
Fatal:	• Must be greater than or equal to zero and less than 9
FIELD NUMBER:	5
POSITION:	24
LINE REFERENCE NO:	14a.

NAME:	**Reserved**
DESCRIPTION:	Reserved for future use if instructed by HUD
TYPE:	Numeric
SIZE:	5
COMMENTS:	Submit blanks unless instructed by HUD.
EDITS:	
Fatal:	• Must be blank
FIELD NUMBER:	6
POSITION:	25-29
LINE REFERENCE NO:	14b.

NAME:	**Portability Indicator**
DESCRIPTION:	Indicates if this family moved into this PHA jurisdiction under portability
TYPE:	Alpha
SIZE:	1
COMMENTS:	Enter 'Y' if this family moved into this PHA jurisdiction under portability.
EDITS:	
Fatal:	• Must be 'Y' or 'N'
Fatal:	• If 2a equals '4', must equal 'Y'
FIELD NUMBER:	7
POSITION:	30
LINE REFERENCE NO:	14c.

NAME:	**Cost Billed per Month**
DESCRIPTION:	Monthly amount billed to another PHA for this family
TYPE:	Numeric
SIZE:	5
COMMENTS:	Enter '0' if this PHA has absorbed this family into it's own program.
EDITS:	
Fatal:	• Must be greater than or equal to zero and less than 3000
Fatal:	• If 14c equals 'N', must equal zero
FIELD NUMBER:	8
POSITION:	31-35
LINE REFERENCE NO:	14d.

NAME:	**PHA Code Billed**
DESCRIPTION:	PHA code for the PHA billed under portability
TYPE:	Alphanumeric
SIZE:	8
COMMENTS:	If 14c equals 'N' and 14d equals zero, leave blank.
EDITS:	
Fatal:	• If 14c equals 'Y', must be valued
Fatal:	• If 14d is greater than zero, must be valued
Fatal:	• If valued, must equal a valid PHA code
Fatal:	• If valued, cannot equal 1b
FIELD NUMBER:	9
POSITION:	36-40
LINE REFERENCE NO:	14e.

NAME:	**Reserved**
DESCRIPTION:	Reserved for future use if instructed by HUD
TYPE:	Numeric
SIZE:	5
COMMENTS:	Submit blanks unless instructed by HUD.
EDITS:	
Fatal:	• Must be blank
FIELD NUMBER:	10
POSITION:	41-45
LINE REFERENCE NO:	14f.

NAME:	**Site Owner Name**
DESCRIPTION:	Name of owner of the site, lot, pad or other location where the home is sited
TYPE:	Alphanumeric
SIZE:	35
COMMENTS:	None
EDITS:	
Fatal:	• Must be valued
FIELD NUMBER:	11
POSITION:	46-80
LINE REFERENCE NO:	14g.

NAME:	**Space Owner TIN/SSN**
DESCRIPTION:	TIN/SSN of owner of the site, lot, pad or other location where the home is sited
TYPE:	Alphanumeric
SIZE:	9
COMMENTS:	Enter either the TIN or the SSN.
EDITS:	
Fatal:	• Must be valued with nine digit alphanumeric
FIELD NUMBER:	12
POSITION:	81-89
LINE REFERENCE NO:	14h.

NAME:	**Reserved**
DESCRIPTION:	Reserved for future use if instructed by HUD
TYPE:	Numeric
SIZE:	5
COMMENTS:	Submit blanks unless instructed by HUD.
EDITS:	
Fatal:	• Must be blank
FIELD NUMBER:	13
POSITION:	90-94
LINE REFERENCE NO:	14i.

NAME:	**Furniture Included in Purchase Price Indicator**
DESCRIPTION:	Indicates whether the furniture was included with the purchase price
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use ‘Y’ for yes and ‘N’ for no.
EDITS:	
Fatal:	• Must be ‘Y’ or ‘N’
FIELD NUMBER:	14
POSITION:	95
LINE REFERENCE NO:	14j.

NAME:	**Monthly Amortization Payment**
DESCRIPTION:	Monthly amount paid for principal and interest to amortize the purchase price of the manufactured home
TYPE:	Numeric
SIZE:	5
COMMENTS:	If there is no monthly amortization payment, enter 0; use whole numbers.
EDITS:	
Fatal:	• Must be greater than or equal to zero and less than 2000
FIELD NUMBER:	15
POSITION:	96-100
LINE REFERENCE NO:	14k.

NAME:	**Deduction**
DESCRIPTION:	15% of Monthly Amortization Payment if furniture was included in the purchase price
TYPE:	Numeric
SIZE:	5
COMMENTS:	If furniture was not included in the purchase price, put zero; Use whole numbers.
EDITS:	
Fatal:	• If 14j equals 'Y', must equal 14k multiplied by 0.15
Fatal:	• If 14j equals 'N', must equal zero
FIELD NUMBER:	16
POSITION:	101-105
LINE REFERENCE NO:	14m.

NAME:	**Adjusted Amortization**
DESCRIPTION:	Amount of the adjusted amortization
TYPE:	Numeric
SIZE:	5
COMMENTS:	Monthly amortization payment minus the deduction.
EDITS:	
Fatal:	• If 14k is greater than or equal to 14m, must equal 14k minus 14m
Fatal:	• If 14k is less than 14m, must equal zero
FIELD NUMBER:	17
POSITION:	106-110
LINE REFERENCE NO:	14n.

NAME:	**Utility Allowance**
DESCRIPTION:	The allowance for utilities
TYPE:	Numeric
SIZE:	4
COMMENTS:	Use whole numbers; If none enter zero.
EDITS:	
Fatal:	• Must be greater than or equal to zero and less than 400
FIELD NUMBER:	18
POSITION:	111-114
LINE REFERENCE NO:	14p.

NAME:	**Rent to Owner (Space Rent)**
DESCRIPTION:	Monthly rent payable to owner specified in the HAP contract
TYPE:	Numeric
SIZE:	5
COMMENTS:	Includes required fees and charges for all maintenance and management services, but excludes ongoing utility charges.
EDITS:	
Fatal:	• Must be greater than or equal to 1 and less than or equal to 2000
FIELD NUMBER:	19
POSITION:	115-119
LINE REFERENCE NO:	14q.

NAME:	**Gross Rent**
DESCRIPTION:	The rent to owner plus the utility allowance plus adjusted amortization
TYPE:	Numeric
SIZE:	5
COMMENTS:	Use whole numbers.
EDITS:	
Fatal:	• Must equal the sum of 14n, 14p, and 14q
FIELD NUMBER:	20
POSITION:	120-124
LINE REFERENCE NO:	14r.

NAME:	**Gross Rent minus TTP**
DESCRIPTION:	The gross rent minus the TTP
TYPE:	Numeric
SIZE:	5
COMMENTS:	Use whole numbers.
EDITS:	
Fatal:	• If 14r is greater than or equal to 9j, must equal 14r minus 9j
Fatal:	• If 14r less than 9j, must equal zero
FIELD NUMBER:	21
POSITION:	125-129
LINE REFERENCE NO:	14t.

NAME:	**Reserved**
DESCRIPTION:	Reserved for future use if instructed by HUD
TYPE:	Numeric
SIZE:	5
COMMENTS:	Submit blanks unless instructed by HUD.
EDITS:	
Fatal:	• Must be blank
FIELD NUMBER:	22
POSITION:	130-134
LINE REFERENCE NO:	14u.

NAME:	**HAP to Owner**
DESCRIPTION:	HAP payment to the owner
TYPE:	Numeric
SIZE:	5
COMMENTS:	Enter the lower of 14q and 14t. User whole number.
EDITS:	
Fatal:	• Must equal the lower of 14q or 14t
FIELD NUMBER:	23
POSITION:	135-139
LINE REFERENCE NO:	14v.

NAME:	**Tenant Rent**
DESCRIPTION:	The tenant rent
TYPE:	Numeric
SIZE:	5
COMMENTS:	Must equal Rent to Owner minus HAP to Owner. If 3u equals 'P', put zero.
EDITS:	
Fatal:	• If 3u equals 'C', 'E', 'F' or 'T' and 14q is greater than or equal to 14v, must equal 14q minus 14v
Fatal:	• If 3u equals 'C', 'E', 'F' or 'T' and 14q is less than 14v, must equal zero
FIELD NUMBER:	24
POSITION:	140-144
LINE REFERENCE NO:	14w.

NAME:	**Reserved**
DESCRIPTION:	Reserved for future use if instructed by HUD
TYPE:	Numeric
SIZE:	5
COMMENTS:	Submit blanks unless instructed by HUD.
EDITS:	
Fatal:	• Must be blank
FIELD NUMBER:	25
POSITION:	145-149
LINE REFERENCE NO:	14x.

NAME:	**Total Number Eligible**
DESCRIPTION:	Total number of members of the family eligible for subsidy
TYPE:	Numeric
SIZE:	2
COMMENTS:	Include family members with citizenship status 'EC', for eligible citizen, or 'EN', for eligible noncitizen, and 'PV', for pending verification. If 3u equals 'C', 'E', 'F' or 'T', put zero.
EDITS:	
Fatal:	• If 3u equals 'P' must equal total of count of Family Records in which 3h equals 'H', 'S', 'Y', 'E', 'K' or 'A' and 3i equals of 'EC', 'EN' or 'PV' (total count of family members who are eligible citizen, eligible noncitizen or pending verification)
FIELD NUMBER:	26
POSITION:	150-151
LINE REFERENCE NO:	14aa.

NAME:	**Total Number in Family**
DESCRIPTION:	Total number of members of the family
TYPE:	Numeric
SIZE:	2
COMMENTS:	Total the number of members of the family. If 3u equals 'C', 'E', 'F' or 'T', put zero.
EDITS:	
Fatal:	• If 3u equals 'P', must equal the total count of Family
Fatal:	Records in which 3h equals 'H', 'S', 'Y', 'E', 'K' or 'A' (total count of family members)
FIELD NUMBER:	27
POSITION:	152-153
LINE REFERENCE NO:	14ab.

NAME:	**Proration Percentage**
DESCRIPTION:	The percent of the family eligible for subsidy
TYPE:	Numeric
SIZE:	2
COMMENTS:	Use an integer. If 3u equals 'C', 'E', 'F' or 'T', put zero.
EDITS:	
Fatal:	• If 3u equals 'P', must equal 14aa divided by 14ab multiplied by 100
FIELD NUMBER:	28
POSITION:	154-155
LINE REFERENCE NO:	14ac.

NAME:	**Prorated HAP to Owner**
DESCRIPTION:	The prorated PHA Payment
TYPE:	Numeric
SIZE:	5
COMMENTS:	Product of HAP to Owner and the proration fraction. If 3u equals 'C', 'E', 'F' or 'T', put zero.
EDITS:	
Fatal:	• If 3u equals 'P', must equal the product of 14v and 14ac divided by 100
FIELD NUMBER:	29
POSITION:	156-160
LINE REFERENCE NO:	14ad.

NAME:	**Mixed Family TTP**
DESCRIPTION:	The prorated Total Tenant Payment
TYPE:	Numeric
SIZE:	5
COMMENTS:	Gross rent minus prorated HAP. If 3u equals 'C', 'E', 'F' or 'T', put zero.
EDITS:	
Fatal:	• If 3u equals 'P' and 14r is greater than or equal to 14ad, must equal 14r minus 14ad
Fatal:	• If 3u equals 'P' and 14r is less than 14ad, must equal zero
FIELD NUMBER:	30
POSITION:	161-165
LINE REFERENCE NO:	14ae.

NAME:	**Reserved**
DESCRIPTION:	Reserved for future use if instructed by HUD
TYPE:	Numeric
SIZE:	5
COMMENTS:	Submit blanks unless instructed by HUD.
EDITS:	
Fatal:	• Must be blank
FIELD NUMBER:	31
POSITION:	166-170
LINE REFERENCE NO:	14af.

NAME:	**Mixed Family Tenant Rent**
DESCRIPTION:	Tenant Rent based on proration
TYPE:	Numeric
SIZE:	5
COMMENTS:	Prorated TTP minus Utility Allowance. If 3u equals 'C', 'E', 'F' or 'T', put zero.
EDITS:	
Fatal:	• If 3u equals 'P' and 14q is greater than or equal to 14ad, must equal 14q minus 14ad
Fatal:	• If 3u equals 'P' and 14q is less than 14ad, must equal zero
Warning:	• Must be greater than -700 and less than 700
Fatal:	• Must be greater than -3500 and less than 3500
FIELD NUMBER:	32
POSITION:	171-175
LINE REFERENCE NO:	14ag.

50058 Homeownership Record Format

NAME:	**Record Identifier**
DESCRIPTION:	The field indicates this is the beginning of a new record.
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'H' for the Record Identifier for the homeownership record format.
EDITS:	
Fatal:	• Must equal 'H'
Fatal:	• 1c in the Basic Record must be 'VO'
FIELD NUMBER:	1
POSITION:	1
LINE REFERENCE NO:	n/a

NAME:	**Record Number**
DESCRIPTION:	A sequential number that indicates the record number of the transmission
TYPE:	Numeric
SIZE:	6
COMMENTS:	The number is incremented by 1 for each subsequent record in the transmission.
EDITS:	None
FIELD NUMBER:	2
POSITION:	2-7
LINE REFERENCE NO:	n/a

NAME:	**Family Moving Into Home Indicator**
DESCRIPTION:	Indicates that the family is occupying this unit for the first time
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes and 'N' for no.
EDITS:	
Fatal:	• Must equal 'Y' or 'N'
FIELD NUMBER:	3
POSITION:	8

LINE REFERENCE NO: 15a.

NAME:	**Date of Initial Inspection**
DESCRIPTION:	Date of the initial inspection
TYPE:	Alphanumeric
SIZE:	8
COMMENTS:	Must be MMDDYYYY format.
EDITS:	
Fatal:	• Must be in 'MMDDYYYY' format
FIELD NUMBER:	4
POSITION:	9-16
LINE REFERENCE NO:	15b.

NAME:	**Portability Indicator**
DESCRIPTION:	Indicate if this family moved into this PHA's jurisdiction under portability
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes and 'N' for no.
EDITS:	
Fatal:	• Must equal 'Y' or 'N'
Fatal:	• If 2a equals '4', must equal 'Y'
FIELD NUMBER:	5
POSITION:	17
LINE REFERENCE NO:	15c.

NAME:	**Cost Billed per Month**
DESCRIPTION:	Monthly amount billed to another PHA for this family
TYPE:	Numeric
SIZE:	5
COMMENTS:	Enter '0' if this PHA has absorbed this family into it's own program.
EDITS:	
Fatal:	• Must be greater than or equal to zero and less than 3000
Fatal:	• If 15c equals 'N', must equal zero
FIELD NUMBER:	6
POSITION:	18-21
LINE REFERENCE NO:	15d.

NAME:	**PHA Code Billed**
DESCRIPTION:	PHA code for the PHA billed under portability
TYPE:	Alphanumeric
SIZE:	5
COMMENTS:	If 15c equals 'N' and 15d equals zero, leave blank.
EDITS:	
Fatal:	• If 15c equals 'Y', must be valued
Fatal:	• If 15d is greater than zero, must be valued
Fatal:	• If valued, must equal a valid PHA code
Fatal:	• If valued, cannot be equal to 1b
FIELD NUMBER:	**7**
POSITION:	22-26
LINE REFERENCE NO:	15e.

NAME:	**Monthly Homeownership Expense**
DESCRIPTION:	The monthly payment for mortgage, interest, and property taxes – regardless of whether the family pays for all costs
TYPE:	Numeric
SIZE:	4
COMMENTS:	Use whole number.
EDITS:	
Fatal:	• Must be greater than or equal to 5 and less than 3000
FIELD NUMBER:	8
POSITION:	27-30
LINE REFERENCE NO:	15f.

NAME:	**Utility Allowance**
DESCRIPTION:	The allowance for utilities
TYPE:	Numeric
SIZE:	4
COMMENTS:	Use whole number; If none, enter zero.
EDITS:	
Warning:	• Must be less than 400
Fatal:	• Must be greater than or equal to zero and less than 1400
FIELD NUMBER:	9
POSITION:	31-34
LINE REFERENCE NO:	15g.

NAME:	**Monthly Maintenance Allowance**
DESCRIPTION:	The amount of the monthly maintenance allowance
TYPE:	Numeric
SIZE:	4
COMMENTS:	Use whole number; If none, enter zero.
EDITS:	
Fatal:	• Must be greater than or equal to zero and less than 1000
FIELD NUMBER:	10
POSITION:	35-38
LINE REFERENCE NO:	15h.

NAME:	**Monthly Major Repair/Replacement Allowance**
DESCRIPTION:	The amount of the major home repair allowance
TYPE:	Numeric
SIZE:	4
COMMENTS:	Use whole number.
EDITS:	
Fatal:	• Must be greater than or equal to zero and less than or equal to 9999
FIELD NUMBER:	11
POSITION:	39-42
LINE REFERENCE NO:	15i.

NAME:	**Monthly Co-op/Condominium Charge**
DESCRIPTION:	The monthly charge for Co-op/condominium
TYPE:	Numeric
SIZE:	4
COMMENTS:	Use whole number.
EDITS:	
Warning:	• Must be greater than 400
Fatal:	• Must be greater than or equal to zero and less than 500
FIELD NUMBER:	12
POSITION:	43-46
LINE REFERENCE NO:	15j.

NAME:	**Monthly Principal and Interest on Debt for Improvements**
DESCRIPTION:	The amount of home improvement principal and interest for debt
TYPE:	Numeric
SIZE:	4
COMMENTS:	Use whole number.
EDITS:	
Fatal:	• Must be greater than or equal to zero and less than 3000
FIELD NUMBER:	13
POSITION:	47-50
LINE REFERENCE NO:	15k.

NAME:	**Gross Homeownership Expense**
DESCRIPTION:	The monthly homeownership expense
TYPE:	Numeric
SIZE:	4
COMMENTS:	Use whole number.
EDITS:	
Fatal:	• Must equal the sum of 15f, 15g, 15h, 15i, 15j and 15k
Fatal:	• Must be greater than or equal to zero and less than or equal to 9999
FIELD NUMBER:	14
POSITION:	51-54
LINE REFERENCE NO:	15m.

NAME:	**Payment Standard for the Family**
DESCRIPTION:	The amount of family voucher
TYPE:	Numeric
SIZE:	4
COMMENTS:	Use whole number.
EDITS:	
Fatal:	• Must be greater than or equal to 50 and less than 3000
FIELD NUMBER:	15
POSITION:	55-58
LINE REFERENCE NO:	15n.

NAME:	**Lower of 15m and 15n**
DESCRIPTION:	The lower of 15m and 15n
TYPE:	Numeric
SIZE:	4
COMMENTS:	Use whole numbers.
EDITS:	
Fatal:	• Must equal lower of 15m or 15n
FIELD NUMBER:	16
POSITION:	59-62
LINE REFERENCE NO:	15p.

NAME:	**HAP**
DESCRIPTION:	The amount of housing assistance payment
TYPE:	Numeric
SIZE:	4
COMMENTS:	HAP: 15p minus 9j. If 9j is larger, put zero.
EDITS:	
Fatal:	• If 15p is greater than 9j, must equal 15p minus 9j
Fatal:	• If 15p is less than or equal to 9j, must equal zero
FIELD NUMBER:	17
POSITION:	63-66
LINE REFERENCE NO:	15r.

NAME:	**Total Family Share**
DESCRIPTION:	Total amount the family contributes toward rent and utilities
TYPE:	Numeric
SIZE:	4
COMMENTS:	Subtract HAP (15r) from gross homeownership expense (15m). Total family share: 15m minus 15r. If 3u equals 'P', put zero.
EDITS:	
Fatal:	• If 3u equals 'C', 'E', 'F' or 'T' and 15m is greater than 15r, must equal 15m minus 15r
Fatal:	• If 3u equals 'C', 'E', 'F' or 'T' and 15m is less than or equal to 15r, must equal zero
FIELD NUMBER:	18
POSITION:	67-70

LINE REFERENCE NO: 15s.

NAME:	**Total Number Eligible**
DESCRIPTION:	Total number of members of family eligible for subsidy
TYPE:	Numeric
SIZE:	2
COMMENTS:	Include family members with citizenship status 'EC', for eligible citizen, or 'EN', for eligible noncitizen, and 'PV', for pending verification. If 3u equals 'C', 'E', 'F' or 'T', put zero.
EDITS:	
Fatal:	• If 3u equals 'P', must equal total of count of Family Records in which 3h equals 'H', 'S', 'Y', 'E', 'K' or 'A' and 3i equals of 'EC', 'EN' or 'PV' (total count of family members who are eligible citizen, eligible noncitizen or pending verification)
FIELD NUMBER:	19
POSITION:	71-72
LINE REFERENCE NO:	15ab.

NAME:	**Total Number in Family**
DESCRIPTION:	Total number of members of the family
TYPE:	Numeric
SIZE:	2
COMMENTS:	Total number of the members of the family. If 3u equals 'C', 'E', 'F' or 'T', put zero.
EDITS:	
Fatal:	• If 3u equals 'P', must equal the total count of Family Records in which 3h equals 'H', 'S', 'Y', 'E', 'K' or 'A' (total count of family members)
FIELD NUMBER:	20
POSITION:	73-74
LINE REFERENCE NO:	15ac.

NAME:	**Proration Percentage**
DESCRIPTION:	The percent of the family that is eligible for rent subsidy
TYPE:	Numeric
SIZE:	2
COMMENTS:	Use an integer. If 3u equals 'C', 'E', 'F' or 'T', put zero.
EDITS:	
Fatal:	• If 3u equals 'P', must equal 15ab divided by 15ac multiplied by 100
FIELD NUMBER:	21
POSITION:	75-76
LINE REFERENCE NO:	15ad.

NAME:	**Prorated HAP**
DESCRIPTION:	The total prorated amount of the housing assistance payment to the homeowner
TYPE:	Numeric
SIZE:	4
COMMENTS:	Prorated HAP: 15q multiplied by 15ad. If 3u equals 'C', 'E', 'F' or 'T', put zero.
EDITS:	
Fatal:	• If 3u equals 'P', must equal 15q multiplied by 15ad divided by 100
FIELD NUMBER:	22
POSITION:	77-80
LINE REFERENCE NO:	15ae.

NAME:	**Mixed Family Total Family Share**
DESCRIPTION:	The prorated Total Family Contribution
TYPE:	Numeric
SIZE:	5
COMMENTS:	Mixed family total family share: 15m Gross Homeownership Expense minus 15ae Prorated HAP. If 3u equals 'C', 'E', 'F' or 'T', put zero.
EDITS:	
Fatal:	• If 3u equals 'P' and 15m is greater than or equal to 15ae, must equal 15m minus 15ae
Fatal:	• If 3u equals 'P' and 15m is less than 15ae, must equal zero
FIELD NUMBER:	23
POSITION:	81-85
LINE REFERENCE NO:	15af.

NAME:	**Reserved**
DESCRIPTION:	Reserved for future use if instructed by HUD
TYPE:	Numeric
SIZE:	5
COMMENTS:	Submit blanks unless instructed by HUD.
EDITS:	
Fatal:	• Must be blank
FIELD NUMBER:	24
POSITION:	86-90
LINE REFERENCE NO:	15ag.

NAME:	**Reserved**
DESCRIPTION:	Reserved for future use if instructed by HUD
TYPE:	Numeric
SIZE:	5
COMMENTS:	Submit blanks unless instructed by HUD.
EDITS:	
Fatal:	• Must be blank
FIELD NUMBER:	25
POSITION:	91-95
LINE REFERENCE NO:	15ah.

50058 FSS/WtW Record Format

NAME:	**Record Identifier**
DESCRIPTION:	The field indicates this is the beginning of a new record
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'F' for the Record Identifier for the FSS/Welfare to Work Addendum record format.
EDITS:	
Fatal:	• Must equal 'F'
FIELD NUMBER:	1
POSITION:	1
LINE REFERENCE NO:	n/a

NAME:	**Record Number**
DESCRIPTION:	A sequential number that indicates the record number of the transmission
TYPE:	Numeric
SIZE:	6
COMMENTS:	The number is incremented by 1 for each subsequent record in the transmission.
EDITS:	None
FIELD NUMBER:	2
POSITION:	2-7
LINE REFERENCE NO:	n/a

NAME:	**Special Program FSS Participation Indicator**
DESCRIPTION:	Indicates whether the family participates in the FSS program
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no.
EDITS:	
Fatal:	• Must equal 'Y' or 'N'
Fatal:	• If 17a(2) equals 'N', must be 'Y'
FIELD NUMBER:	3
POSITION:	8
LINE REFERENCE NO:	17a(1).

NAME:	**Special Program Welfare to Work Voucher Participation Indicator**
DESCRIPTION:	Indicates whether the family participates in the Welfare to Work Voucher Program
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no.
EDITS:	
Fatal:	• Must equal 'Y' or 'N'
Fatal:	• If 17a(1) equals 'N', must be 'Y'
FIELD NUMBER:	4
POSITION:	9
LINE REFERENCE NO:	17a(2).

NAME:	**FSS Report Category**
DESCRIPTION:	Indicates the FSS report category
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'E' for enrollment, 'P' for progress, and 'X' for exit.
EDITS:	
Fatal:	• If 17a(1) equals 'Y', must be valued 'E', 'P' or 'X'
Fatal:	• If 17a(1) equals 'N', must be blank
FIELD NUMBER:	5
POSITION:	10
LINE REFERENCE NO:	17b.

NAME:	**FSS Effective Date of Action**
DESCRIPTION:	This is the effective date of the action for the family participating the FSS program
TYPE:	Date
SIZE:	8
COMMENTS:	Must be in MMDDYYYY format.
EDITS:	
Fatal:	• If 17a(1) equals 'Y', must be valued in 'MMDDYYYY' format
Fatal:	• If 17a(1) equals 'N', must be blank
FIELD NUMBER:	6
POSITION:	11-18
LINE REFERENCE NO:	17c.

NAME:	**PHA Code of PHA Administrating FSS Contract**
DESCRIPTION:	Indicates the PHA code of PHA administering FSS contract
TYPE:	Alphanumeric
SIZE:	5
COMMENTS:	Use valid PHA code.
EDITS:	
Fatal:	• If 17a(1) equals 'Y', must be valued
Fatal:	• If valued, must equal a valid PHA code
Fatal:	• If 17a(1) equals 'N', must be blank
FIELD NUMBER:	7
POSITION:	19-23
LINE REFERENCE NO:	17d.

NAME:	**WtW Voucher Report Category**
DESCRIPTION:	Indicates the WtW report category
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'E' for enrollment, 'P' for progress, and 'X' for exit.
EDITS:	
Fatal:	• If 17a(2) equals 'Y', must be valued 'E', 'P' or 'X'
Fatal:	• If 17a(2) equals 'N', must be blank
FIELD NUMBER:	8
POSITION:	24
LINE REFERENCE NO:	17e.

NAME:	**Welfare to Work Voucher Effective Date of Action**
DESCRIPTION:	This is the effective date of the action of the Welfare to Work program
TYPE:	Date
SIZE:	8
COMMENTS:	Must be in MMDDYYYY format.
EDITS:	
Fatal:	• If 17a(2) equals 'Y', must be valued in 'MMDDYYYY' format
Fatal:	• If 17a(2) equals 'N', must be blank
FIELD NUMBER:	9
POSITION:	25-32
LINE REFERENCE NO:	17f.

NAME:	**PHA Code of PHA that Issued Welfare to Work Voucher Contract**
DESCRIPTION:	Indicates the PHA code of PHA administering the WtW contract
TYPE:	Alphanumeric
SIZE:	5
COMMENTS:	Use valid PHA code.
EDITS:	
Fatal:	• If 17a(2) equals 'Y', must be valued
Fatal:	• If valued, must equal a valid PHA code
Fatal:	• If 17a(1) equals 'N', must be blank
FIELD NUMBER:	10
POSITION:	33-37
LINE REFERENCE NO:	17g.

NAME:	**Employed Indicator**
DESCRIPTION:	Indicates the employment status of the head of household
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'F' for Full-time, 'P' for Part-time, or 'N' for Not employed.
EDITS:	
Fatal:	• If 17b or 17e equals 'E' or 'P', must equal 'F', 'P' or 'N'
Fatal:	• If 17m(1) equals 'Y', must equal 'F', 'P' or 'N'
Fatal:	• If both 17b and 17e equal 'X' or are blank, and 17m(1) equals 'N', must be blank
FIELD NUMBER:	11
POSITION:	38
LINE REFERENCE NO:	17h(1).

NAME:	**Date Current Employment Began**
DESCRIPTION:	Indicates the start date of the current employment
TYPE:	Date
SIZE:	6
COMMENTS:	Must be in MMDDYYYY format.
EDITS:	
Fatal:	• If 17h(1) equals 'F' or 'P', must be valued
Fatal:	• If 17h(1) equals 'N' or is blank, must be blank
Fatal:	• If valued, must be in 'MMDDYYYY' format
FIELD NUMBER:	12
POSITION:	39-44
LINE REFERENCE NO:	17h(2).

NAME:	**Benefits in Current Employment – Health Indicator**
DESCRIPTION:	Indicates health benefit in the current employment
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no.
EDITS:	
Fatal:	• If 17h(1) equals 'F' or 'P', must equal 'Y' or 'N'
Fatal:	• If 17h(1) equals 'N', must equal 'N'
FIELD NUMBER:	13
POSITION:	45
LINE REFERENCE NO:	17h(3)(A).

NAME:	**Benefits in Current Employment – Retirement Account Indicator**
DESCRIPTION:	Indicates retirement account benefit in the current employment
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no.
EDITS:	
Fatal:	• If 17h(1) equals 'F' or 'P', must equal 'Y' or 'N'
Fatal:	• If 17h(1) equals 'N', must equal 'N'
FIELD NUMBER:	14
POSITION:	46
LINE REFERENCE NO:	17h(3)(B).

NAME:	**Benefits in Current Employment – Other Indicator**
DESCRIPTION:	Indicates other benefit in the current employment
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no.
EDITS:	
Fatal:	• If 17h(1) equals 'F' or 'P', must equal 'Y' or 'N'
Fatal:	• If 17h(1) equals 'N', must equal 'N'
FIELD NUMBER:	15
POSITION:	47
LINE REFERENCE NO:	17h(3)(C).

NAME:	**Years of School Completed by Head of Household**
DESCRIPTION:	The highest grade of education or years of formal schooling the head of household completed.
TYPE:	Numeric
SIZE:	2
COMMENTS:	The total number of years of formal education received.
EDITS:	
Fatal:	• If both 17b and 17e equal 'X' or are blank, and 17m(1) equals 'N', must equal zero
Fatal:	• If 17b or 17e equals 'E' or 'P' or 17m(1) equals 'Y', must be greater than or equal to zero and less than or equal to 25
FIELD NUMBER:	16
POSITION:	48-49
LINE REFERENCE NO:	17h(4).

NAME:	**Family Receives TANF Income Assistance Indicator**
DESCRIPTION:	Indicates if the family receives TANF Income Assistance
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no.
EDITS:	
Fatal:	• If both 17b and 17e equal 'X' or are blank, and 17m(1) equals 'N', must equal 'N'
Fatal:	• If 17b or 17e equals 'E' or 'P' or 17m(1) equals 'Y', must equal 'Y' or 'N'
FIELD NUMBER:	17
POSITION:	50
LINE REFERENCE NO:	17h(5)(A).

NAME:	**Family Receives General Assistance Indicator**
DESCRIPTION:	Indicates if the family receives General Assistance
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no.
EDITS:	
Fatal:	• If both 17b and 17e equal 'X' or are blank, and 17m(1) equals 'N', must equal 'N'
Fatal:	• If 17b or 17e equals 'E' or 'P' or 17m(1) equals 'Y', must equal 'Y' or 'N'
FIELD NUMBER:	18
POSITION:	51
LINE REFERENCE NO:	17h(5)(B).

NAME:	**Family Currently Receives Food Stamps Indicator**
DESCRIPTION:	Indicates whether the family is receiving food stamps
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no
EDITS:	
Fatal:	• If both 17b and 17e equal 'X' or are blank, and 17m(1) equals 'N', must equal 'N'
Fatal:	• If 17b or 17e equals 'E' or 'P' or 17m(1) equals 'Y', must equal 'Y' or 'N'
FIELD NUMBER:	19
POSITION:	52
LINE REFERENCE NO:	17h(5)(C).

NAME:	**Family Currently Receives Medicaid/Children's Health Insurance Program Indicator**
DESCRIPTION:	Indicates whether the family is receiving Medicaid/Children's Health Insurance Program
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no.
EDITS:	
Fatal:	• If both 17b and 17e equal 'X' or are blank, and 17m(1) equals 'N', must equal 'N'
Fatal:	• If 17b or 17e equals 'E' or 'P' or 17m(1) equals 'Y', must equal 'Y' or 'N'
FIELD NUMBER:	20
POSITION:	53
LINE REFERENCE NO:	17h(5)(D).

NAME:	**Family Receives Earned Income Tax Credit Indicator**
DESCRIPTION:	Indicates whether the family receives the Earned Income Tax Credit
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no.
EDITS:	
Fatal:	• If both 17b and 17e equal 'X' or are blank, and 17m(1) equals 'N', must equal 'N'
Fatal:	• If 17b or 17e equals 'E' or 'P' or 17m(1) equals 'Y', must equal 'Y' or 'N'
FIELD NUMBER:	21
POSITION:	54
LINE REFERENCE NO:	17h(5)(E).

NAME:	**Number of Children Receiving Child Care Services**
DESCRIPTION:	Indicates the number of children in the family receiving child care services
TYPE:	Numeric
SIZE:	1
COMMENTS:	None
EDITS:	
Fatal:	• If both 17b and 17e equal 'X' or are blank, must equal zero
Fatal:	• If 17b or 17e equals 'E' or 'P', must be less than 3t
FIELD NUMBER:	22
POSITION:	55
LINE REFERENCE NO:	17h(6).

NAME:	**GED Needs Indicator**
DESCRIPTION:	Indicates if the FSS contract or WtW voucher identified that this service is needed
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. Optional for WtW Voucher and FSS progress report and FSS exit report. If optional and not provided, leave blank.
EDITS:	
Fatal:	• If 17b equals 'E', must be valued
Fatal:	• If valued, must equal 'Y' or 'N'
FIELD NUMBER:	23
POSITION:	56
LINE REFERENCE NO:	17i(1)(A).

NAME:	**High School Needs Indicator**
DESCRIPTION:	Indicates if the FSS contract or WtW voucher identified that this service is needed
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. Optional for WtW Voucher and FSS progress report and FSS exit report. If optional and not provided, leave blank.
EDITS:	
Fatal:	• If 17b equals 'E', must be valued
Fatal:	• If valued, must equal 'Y' or 'N'
FIELD NUMBER:	24
POSITION:	57
LINE REFERENCE NO:	17i(1)(B).

NAME:	**Post Secondary Needs Indicator**
DESCRIPTION:	Indicates if the FSS contract or WtW voucher identified that this service is needed
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. Optional for WtW Voucher and FSS progress report and FSS exit report. If optional and not provided, leave blank.
EDITS:	
Fatal:	• If 17b equals 'E', must be valued
Fatal:	• If valued, must equal 'Y' or 'N'
FIELD NUMBER:	25
POSITION:	58
LINE REFERENCE NO:	17i(1)(C).

NAME:	**Vocational/Job Training Needs Indicator**
DESCRIPTION:	Indicates if the FSS contract or WtW voucher identified that this service is needed
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. Optional for WtW Voucher and FSS progress report and FSS exit report. If optional and not provided, leave blank.
EDITS:	
Fatal:	• If 17b equals 'E', must be valued
Fatal:	• If valued, must equal 'Y' or 'N'
FIELD NUMBER:	26
POSITION:	59
LINE REFERENCE NO:	17i(1)(D).

NAME:	**Job Search/Job Placement Needs Indicator**
DESCRIPTION:	Indicates if the FSS contract or WtW voucher identified that this service is needed
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. Optional for WtW Voucher and FSS progress report and FSS exit report. If optional and not provided, leave blank.
EDITS:	
Fatal:	• If 17b equals 'E', must be valued
Fatal:	• If valued, must equal 'Y' or 'N'
FIELD NUMBER:	27
POSITION:	60
LINE REFERENCE NO:	17i(1)(E).

NAME:	**Job Retention Needs Indicator**
DESCRIPTION:	Indicates if the FSS contract or WtW voucher identified that this service is needed
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. Optional for WtW Voucher and FSS progress report and FSS exit report. If optional and not provided, leave blank.
EDITS:	
Fatal:	• If 17b equals 'E', must be valued
Fatal:	• If valued, must equal 'Y' or 'N'
FIELD NUMBER:	28
POSITION:	61
LINE REFERENCE NO:	17i(1)(F).

NAME:	**Transportation Needs Indicator**
DESCRIPTION:	Indicates if the FSS contract or WtW voucher identified that this service is needed
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. Optional for WtW Voucher and FSS progress report and FSS exit report. If optional and not provided, leave blank.
EDITS:	
Fatal:	• If 17b equals 'E', must be valued
Fatal:	• If valued, must equal 'Y' or 'N'
FIELD NUMBER:	29
POSITION:	62
LINE REFERENCE NO:	17i(1)(G).

NAME:	**Health Services Needs Indicator**
DESCRIPTION:	Indicates if the FSS contract or WtW voucher identified that this service is needed
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. Optional for WtW Voucher and FSS progress report and FSS exit report. If optional and not provided, leave blank.
EDITS:	
Fatal:	• If 17b equals 'E', must be valued
Fatal:	• If valued, must equal 'Y' or 'N'
FIELD NUMBER:	30
POSITION:	63
LINE REFERENCE NO:	17i(1)(H).

NAME:	**Drug Treatment/Rehabilitation Needs Indicator**
DESCRIPTION:	Indicates if the FSS contract or WtW voucher identified that this service is needed
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. Optional for WtW Voucher and FSS progress report and FSS exit report. If optional and not provided, leave blank.
EDITS:	
Fatal:	• If 17b equals 'E', must be valued
Fatal:	• If valued, must equal 'Y' or 'N'
FIELD NUMBER:	31
POSITION:	64
LINE REFERENCE NO:	17i(1)(I).

NAME:	**Mentoring Needs Indicator**
DESCRIPTION:	Indicates if the FSS contract or WtW voucher identified that this service is needed
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. Optional for WtW Voucher and FSS progress report and FSS exit report. If optional and not provided, leave blank.
EDITS:	
Fatal:	• If 17b equals 'E', must be valued
Fatal:	• If valued, must equal 'Y' or 'N'
FIELD NUMBER:	32
POSITION:	65
LINE REFERENCE NO:	17i(1)(J).

NAME:	**Homeownership Counseling Needs Indicator**
DESCRIPTION:	Indicates if the FSS contract or WtW voucher identified that this service is needed
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. Optional for WtW Voucher and FSS progress report and FSS exit report. If optional and not provided, leave blank.
EDITS:	
Fatal:	• If 17b equals 'E', must be valued
Fatal:	• If valued, must equal 'Y' or 'N'
FIELD NUMBER:	33
POSITION:	66
LINE REFERENCE NO:	17i(1)(K).

NAME:	**Individual Development Account (IDA) Needs Indicator**
DESCRIPTION:	Indicates if the FSS contract or WtW voucher identified that this service is needed
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. Optional for WtW Voucher and FSS progress report and FSS exit report. If optional and not provided, leave blank.
EDITS:	
Fatal:	• If 17b equals 'E', must be valued
Fatal:	• If valued, must equal 'Y' or 'N'
FIELD NUMBER:	34
POSITION:	67
LINE REFERENCE NO:	17i(1)(L).

NAME:	**Child Care Needs Indicator**
DESCRIPTION:	Indicates if the FSS contract or WtW voucher identified that this service is needed
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. Optional for WtW Voucher and FSS progress report and FSS exit report. If optional and not provided, leave blank.
EDITS:	
Fatal:	• If 17b equals 'E', must be valued
Fatal:	• If valued, must equal 'Y' or 'N'
FIELD NUMBER:	35
POSITION:	68
LINE REFERENCE NO:	17i(1)(M).

NAME:	**No Needs Indicator**
DESCRIPTION:	Indicates if the FSS contract or WtW voucher identified that no service is needed
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. Optional for WtW Voucher and FSS progress report and FSS exit report. If optional and not provided, leave blank.
EDITS:	
Fatal:	• If 17b equals 'E', must be valued
Fatal:	• If valued, must equal 'Y' or 'N'
FIELD NUMBER:	36
POSITION:	69
LINE REFERENCE NO:	17i(1)(N).

NAME:	**GED Needs Met Indicator**
DESCRIPTION:	Indicates if the needs were met through the FSS/WtW program
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. If 17b and 17e equal 'E', leave blank. If 17i(1)(A) is blank, leave blank.
EDITS:	
Fatal:	• If 17b or 17 e equals 'P' or 'X' and 17i(1)(A) is valued, must equal 'Y' or 'N'
FIELD NUMBER:	37
POSITION:	70
LINE REFERENCE NO:	17i(2)(A).

NAME:	**High School Needs Met Indicator**
DESCRIPTION:	Indicates if the needs were met through the FSS/WtW program
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. If 17b and 17e equal 'E', leave blank. If 17i(1)(B) is blank, leave blank.
EDITS:	
Fatal:	• If 17b or 17 e equals 'P' or 'X' and 17i(1)(B) is valued, must equal 'Y' or 'N'
FIELD NUMBER:	38
POSITION:	71
LINE REFERENCE NO:	17i(2)(B).

NAME:	**Post Secondary Needs Met Indicator**
DESCRIPTION:	Indicates if the needs were met through the FSS/WtW program
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. If 17b and 17e equal 'E', leave blank. If 17i(1)(C) is blank, leave blank.
EDITS:	
Fatal:	• If 17b or 17 e equals 'P' or 'X' and 17i(1)(C) is valued, must equal 'Y' or 'N'
FIELD NUMBER:	39
POSITION:	72
LINE REFERENCE NO:	17i(2)(C).

NAME:	**Vocational/Job Training Needs Met Indicator**
DESCRIPTION:	Indicates if the needs were met through the FSS/WtW program
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. If 17b and 17e equal 'E', leave blank. If 17i(1)(D) is blank, leave blank.
EDITS:	
Fatal:	• If 17b or 17 e equals 'P' or 'X' and 17i(1)(D) is valued, must equal 'Y' or 'N'
FIELD NUMBER:	40
POSITION:	73
LINE REFERENCE NO:	17i(2)(D).

NAME:	**Job Search/Job Placement Needs Met Indicator**
DESCRIPTION:	Indicates if the needs were met through the FSS/WtW program
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. If 17b and 17e equal 'E', leave blank. If 17i(1)(E) is blank, leave blank.
EDITS:	
Fatal:	• If 17b or 17 e equals 'P' or 'X' and 17i(1)(E) is valued, must equal 'Y' or 'N'
FIELD NUMBER:	41
POSITION:	74
LINE REFERENCE NO:	17i(2)(E).

NAME:	**Job Retention Needs Met Indicator**
DESCRIPTION:	Indicates if the needs were met through the FSS/WtW program
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. If 17b and 17e equal 'E', leave blank. If 17i(1)(F) is blank, leave blank.
EDITS:	
Fatal:	• If 17b or 17 e equals 'P' or 'X' and 17i(1)(F) is valued, must equal 'Y' or 'N'
FIELD NUMBER:	42
POSITION:	75
LINE REFERENCE NO:	17i(2)(F).

NAME:	**Transportation Needs Met Indicator**
DESCRIPTION:	Indicates if the needs were met through the FSS/WtW program
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. If 17b and 17e equal 'E', leave blank. If 17i(1)(G) is blank, leave blank.
EDITS:	
Fatal:	• If 17b or 17 e equals 'P' or 'X' and 17i(1)(G) is valued, must equal 'Y' or 'N'
FIELD NUMBER:	43
POSITION:	76
LINE REFERENCE NO:	17i(2)(G).

NAME:	**Health Services Needs Met Indicator**
DESCRIPTION:	Indicates if the needs were met through the FSS/WtW program
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. If 17b and 17e equal 'E', leave blank. If 17i(1)(H) is blank, leave blank.
EDITS:	
Fatal:	• If 17b or 17 e equals 'P' or 'X' and 17i(1)(H) is valued, must equal 'Y' or 'N'
FIELD NUMBER:	44
POSITION:	77
LINE REFERENCE NO:	17i(2)(H).

NAME:	**Drug Treatment/Rehabilitation Needs Met Indicator**
DESCRIPTION:	Indicates if the needs were met through the FSS/WtW program
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. If 17b and 17e equal 'E', leave blank. If 17i(1)(I) is blank, leave blank.
EDITS:	
Fatal:	• If 17b or 17 e equals 'P' or 'X' and 17i(1)(I) is valued, must equal 'Y' or 'N'
FIELD NUMBER:	45
POSITION:	78
LINE REFERENCE NO:	17i(2)(I).

NAME:	**Mentoring Needs Met Indicator**
DESCRIPTION:	Indicates if the needs were met through the FSS/WtW program
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. If 17b and 17e equal 'E', leave blank. If 17i(1)(J) is blank, leave blank.
EDITS:	
Fatal:	• If 17b or 17 e equals 'P' or 'X' and 17i(1)(J) is valued, must equal 'Y' or 'N'
FIELD NUMBER:	46
POSITION:	79
LINE REFERENCE NO:	17i(2)(J).

NAME:	**Homeownership Counseling Needs Met Indicator**
DESCRIPTION:	Indicates if the needs were met through the FSS/WtW program
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. If 17b and 17e equal 'E', leave blank. If 17i(1)(K) is blank, leave blank.
EDITS:	
Fatal:	• If 17b or 17 e equals 'P' or 'X' and 17i(1)(K) is valued, must equal 'Y' or 'N'
FIELD NUMBER:	47
POSITION:	80
LINE REFERENCE NO:	17i(2)(K).

NAME:	**Individual Development Account (IDA) Needs Met Indicator**
DESCRIPTION:	Indicates if the needs were met through the FSS/WtW program
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. If 17b and 17e equal 'E', leave blank. If 17i(1)(L) is blank, leave blank.
EDITS:	
Fatal:	• If 17b or 17 e equals 'P' or 'X' and 17i(1)(L) is valued, must equal 'Y' or 'N'
FIELD NUMBER:	48
POSITION:	81
LINE REFERENCE NO:	17i(2)(L).

NAME:	**Child Care Needs Met Indicator**
DESCRIPTION:	Indicates if the needs were met through the FSS/WtW program
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. If 17b and 17e equal 'E', leave blank. If 17i(1)(M) is blank, leave blank.
EDITS:	
Fatal:	• If 17b or 17 e equals 'P' or 'X' and 17i(1)(M) is valued, must equal 'Y' or 'N'
FIELD NUMBER:	49
POSITION:	82
LINE REFERENCE NO:	17i(2)(M).

NAME:	**GED Needs Service Provider**
DESCRIPTION:	Indicates the service provider that met the FSS/WtW needs
TYPE:	Alpha
SIZE:	3
COMMENTS:	Use 'P' for PHA, 'T' for TANF, 'D' for DOL grantee, 'V' for Voluntary organization, 'PR' for For Profit entity, 'N' for Nonprofit agency, 'EM' for Employer, or 'C' for Community College. If 17i(2)(A) equals 'N' or is blank, leave blank.
EDITS:	
Fatal:	• If 17i(2)(A) equals 'Y', must be valued 'P', 'T', 'D', 'V', 'PR', 'NP', 'EM' or 'C'
FIELD NUMBER:	50
POSITION:	83-85
LINE REFERENCE NO:	17i(3)(A).

NAME:	**High School Needs Service Provider**
DESCRIPTION:	Indicates the service provider that met the FSS/WtW needs
TYPE:	Alpha
SIZE:	3
COMMENTS:	Use 'P' for PHA, 'T' for TANF, 'D' for DOL grantee, 'V' for Voluntary organization, 'PR' for For Profit entity, 'N' for Nonprofit agency, 'EM' for Employer, or 'C' for Community College. If 17i(2)(B) equals 'N' or is blank, leave blank.
EDITS:	
Fatal:	• If 17i(2)(B) equals 'Y', must be valued 'P', 'T', 'D', 'V', 'PR', 'N', 'E' or 'C'
FIELD NUMBER:	51
POSITION:	86-88
LINE REFERENCE NO:	17i(3)(B).

NAME:	**Post Secondary Needs Service Provider**
DESCRIPTION:	Indicates the service provider that met the FSS/WtW needs.
TYPE:	Alpha
SIZE:	3
COMMENTS:	Use 'P' for PHA, 'T' for TANF, 'D' for DOL grantee, 'V' for Voluntary organization, 'PR' for For Profit entity, 'N' for Nonprofit agency, 'EM' for Employer, or 'C' for Community College. If 17i(2)(C) equals 'N' or is blank, leave blank.
EDITS:	
Fatal:	• If 17i(2)(C) equals 'Y', must be valued 'P', 'T', 'D', 'V', 'PR', 'N', 'E' or 'C'
FIELD NUMBER:	52
POSITION:	89-91
LINE REFERENCE NO:	17i(3)(C).

NAME:	**Vocational/Job Training Needs Service Provider**
DESCRIPTION:	Indicates the service provider that met the FSS/WtW needs.
TYPE:	Alpha
SIZE:	3
COMMENTS:	Use 'P' for PHA, 'T' for TANF, 'D' for DOL grantee, 'V' for Voluntary organization, 'PR' for For Profit entity, 'N' for Nonprofit agency, 'EM' for Employer, or 'C' for Community College. If 17i(2)(D) equals 'N' or is blank, leave blank.
EDITS:	
Fatal:	• If 17i(2)(D) equals 'Y', must be valued 'P', 'T', 'D', 'V', 'PR', 'N', 'E' or 'C'
FIELD NUMBER:	53
POSITION:	92-94
LINE REFERENCE NO:	17i(3)(D).

NAME:	**Job Search/Job Placement Needs Service Provider**
DESCRIPTION:	Indicates the service provider that met the FSS/WtW needs.
TYPE:	Alpha
SIZE:	3
COMMENTS:	Use 'P' for PHA, 'T' for TANF, 'D' for DOL grantee, 'V' for Voluntary organization, 'PR' for For Profit entity, 'N' for Nonprofit agency, 'EM' for Employer, or 'C' for Community College. If 17i(2)(E) equals 'N' or is blank, leave blank.
EDITS:	
Fatal:	• If 17i(2)(E) equals 'Y', must be valued 'P', 'T', 'D', 'V', 'PR', 'N', 'E' or 'C'
FIELD NUMBER:	54
POSITION:	95-97
LINE REFERENCE NO:	17i(3)(E).

NAME:	**Job Retention Needs Service Provider**
DESCRIPTION:	Indicates the service provider that met the FSS/WtW needs.
TYPE:	Alpha
SIZE:	3
COMMENTS:	Use 'P' for PHA, 'T' for TANF, 'D' for DOL grantee, 'V' for Voluntary organization, 'PR' for For Profit entity, 'N' for Nonprofit agency, 'EM' for Employer, or 'C' for Community College. If 17i(2)(F) equals 'N' or is blank, leave blank.
EDITS:	
Fatal:	• If 17i(2)(F) equals 'Y', must be valued 'P', 'T', 'D', 'V', 'PR', 'N', 'E' or 'C'
FIELD NUMBER:	55
POSITION:	98-100
LINE REFERENCE NO:	17i(3)(F).

NAME:	**Transportation Needs Service Provider**
DESCRIPTION:	Indicates the service provider that met the FSS/WtW needs.
TYPE:	Alpha
SIZE:	3
COMMENTS:	Use 'P' for PHA, 'T' for TANF, 'D' for DOL grantee, 'V' for Voluntary organization, 'PR' for For Profit entity, 'N' for Nonprofit agency, 'EM' for Employer, or 'C' for Community College. If 17i(2)(G) equals 'N' or is blank, leave blank.
EDITS:	
Fatal:	• If 17i(2)(G) equals 'Y', must be valued 'P', 'T', 'D', 'V', 'PR', 'N', 'E' or 'C'
FIELD NUMBER:	56
POSITION:	101-103
LINE REFERENCE NO:	17i(3)(G).

NAME:	**Health Services Needs Service Provider**
DESCRIPTION:	Indicates the service provider that met the FSS/WtW needs.
TYPE:	Alpha
SIZE:	3
COMMENTS:	Use 'P' for PHA, 'T' for TANF, 'D' for DOL grantee, 'V' for Voluntary organization, 'PR' for For Profit entity, 'N' for Nonprofit agency, 'EM' for Employer, or 'C' for Community College. If 17i(2)(H) equals 'N' or is blank, leave blank.
EDITS:	
Fatal:	• If 17i(2)(H) equals 'Y', must be valued 'P', 'T', 'D', 'V', 'PR', 'N', 'E' or 'C'
FIELD NUMBER:	57
POSITION:	104-106
LINE REFERENCE NO:	17i(3)(H).

NAME:	**Drug Treatment/Rehabilitation Needs Service Provider**
DESCRIPTION:	Indicates the service provider that met the FSS/WtW needs.
TYPE:	Alpha
SIZE:	3
COMMENTS:	Use 'P' for PHA, 'T' for TANF, 'D' for DOL grantee, 'V' for Voluntary organization, 'PR' for For Profit entity, 'N' for Nonprofit agency, 'EM' for Employer, or 'C' for Community College. If 17i(2)(I) equals 'N' or is blank, leave blank.
EDITS:	
Fatal:	• If 17i(2)(I) equals 'Y', must be valued 'P', 'T', 'D', 'V', 'PR', 'N', 'E' or 'C'
FIELD NUMBER:	58
POSITION:	107-109
LINE REFERENCE NO:	17i(3)(I).

NAME:	**Mentoring Needs Service Provider**
DESCRIPTION:	Indicates the service provider that met the FSS/WtW needs.
TYPE:	Alpha
SIZE:	3
COMMENTS:	Use 'P' for PHA, 'T' for TANF, 'D' for DOL grantee, 'V' for Voluntary organization, 'PR' for For Profit entity, 'N' for Nonprofit agency, 'EM' for Employer, or 'C' for Community College. If 17i(2)(J) equals 'N' or is blank, leave blank.
EDITS:	
Fatal:	• If 17i(2)(J) equals 'Y', must be valued 'P', 'T', 'D', 'V', 'PR', 'N', 'E' or 'C'
FIELD NUMBER:	59
POSITION:	110-112
LINE REFERENCE NO:	17i(3)(J).

NAME:	**Homeownership Counseling Service Provider**
DESCRIPTION:	Indicates the service provider that met the FSS/WtW needs.
TYPE:	Alpha
SIZE:	3
COMMENTS:	Use 'P' for PHA, 'T' for TANF, 'D' for DOL grantee, 'V' for Voluntary organization, 'PR' for For Profit entity, 'N' for Nonprofit agency, 'EM' for Employer, or 'C' for Community College. If 17i(2)(K) equals 'N' or is blank, leave blank.
EDITS:	
Fatal:	• If 17i(2)(K) equals 'Y', must be valued 'P', 'T', 'D', 'V', 'PR', 'N', 'E' or 'C'
FIELD NUMBER:	60
POSITION:	113-115
LINE REFERENCE NO:	17i(3)(K).

NAME:	**Individual Development Account (IDA) Service Provider**
DESCRIPTION:	Indicates the service provider that met the FSS/WtW needs.
TYPE:	Alpha
SIZE:	3
COMMENTS:	Use 'P' for PHA, 'T' for TANF, 'D' for DOL grantee, 'V' for Voluntary organization, 'PR' for For Profit entity, 'N' for Nonprofit agency, 'EM' for Employer, or 'C' for Community College. If 17i(2)(L) equals 'N' or is blank, leave blank.
EDITS:	
Fatal:	• If 17i(2)(L) equals 'Y', must be valued 'P', 'T', 'D', 'V', 'PR', 'N', 'E' or 'C'
FIELD NUMBER:	61
POSITION:	116-118
LINE REFERENCE NO:	17i(3)(L).

NAME:	**Child Care Needs Service Provider**
DESCRIPTION:	Indicates the service provider that met the FSS/WtW needs.
TYPE:	Alpha
SIZE:	3
COMMENTS:	Use 'P' for PHA, 'T' for TANF, 'D' for DOL grantee, 'V' for Voluntary organization, 'PR' for For Profit entity, 'N' for Nonprofit agency, 'EM' for Employer, or 'C' for Community College. If 17i(2)(M) equals 'N' or is blank, leave blank
EDITS:	
Fatal:	• If 17i(2)(M) equals 'Y', must be valued 'P', 'T', 'D', 'V', 'PR', 'N', 'E' or 'C'
FIELD NUMBER:	62
POSITION:	119-121
LINE REFERENCE NO:	17i(3)(M).

NAME:	**Initial Start Date of Contract of Participation**
DESCRIPTION:	Beginning date of the contract of FSS participation
TYPE:	Date
SIZE:	6
COMMENTS:	Use MMYYYY format.
EDITS:	
Fatal:	• If 17b equals 'E', must be valued MMYYYY format
Fatal:	• If 17b equals 'P' or 'X' or is blank, must be blank
Fatal:	• If valued, must have the same month and year as 17c
FIELD NUMBER:	63
POSITION:	122-127
LINE REFERENCE NO:	17j(1).

NAME:	**Initial End Date of Contract of Participation**
DESCRIPTION:	The original end date of the contract of FSS participation
TYPE:	Date
SIZE:	6
COMMENTS:	Use MMYYYY format.
EDITS:	
Fatal:	• If 17b equals 'E', must be valued in MMYYYY format
Fatal:	• If 17b equals 'P' or 'X' or is blank, must be blank
FIELD NUMBER:	64
POSITION:	128-133
LINE REFERENCE NO:	17j(2).

NAME:	**Contract Extension Date**
DESCRIPTION:	Date through which the FSS contract was extended
TYPE:	Date
SIZE:	6
COMMENTS:	Use MMYYYY format. If not valued, leave blank.
EDITS:	
Fatal:	• If valued, must be MMYYYY format
Fatal:	• If valued, 17b must equal 'P'
FIELD NUMBER:	65
POSITION:	134-139
LINE REFERENCE NO:	17j(3).

NAME:	**Number of Family Members with Individual Training and Services Plan**
DESCRIPTION:	Indicates the number of family members with individual training and services plan
TYPE:	Numeric
SIZE:	2
COMMENTS:	Must be numeric. If 17b equals 'X' or is blank, put zero.
EDITS:	
Fatal:	• If 17b equals 'E' or 'P', must be greater than or equal to 1 and less than or equal to 99
FIELD NUMBER:	66
POSITION:	140-141
LINE REFERENCE NO:	17j(4).

NAME:	**Selection Preference**
DESCRIPTION:	Indicates whether the family received selection preference based on FSS program participation
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. If 17b equals 'P' or 'X' or is blank, leave blank.
EDITS:	
Fatal:	• If 17b equals 'E', must equal 'Y' or 'N'
FIELD NUMBER:	67
POSITION:	142
LINE REFERENCE NO:	17j(5).

NAME:	**Current FSS Account Monthly Credit**
DESCRIPTION:	The current FSS account monthly credit as of the date of action
TYPE:	Numeric
SIZE:	5
COMMENTS:	Use whole number. If 17b equals 'E' or is blank, put zero
EDITS:	
Warning:	• If 17b equals 'P' or 'X', must be less than 2000
Fatal:	• If 17b equals 'P' or 'X', must be greater than or equal to zero and less than 4000
FIELD NUMBER:	68
POSITION:	143-147
LINE REFERENCE NO:	17k(1).

NAME:	**Current FSS Account Balance**
DESCRIPTION:	The current FSS account balance as of the date of action
TYPE:	Numeric
SIZE:	5
COMMENTS:	Use whole number. If 17b equals 'E' or is blank, put zero
EDITS:	
Warning:	• If 17b equals 'P' or 'X', must be less than 20000
Fatal:	• If 17b equals 'P' or 'X', must be greater than or equal to zero and less than 50000
FIELD NUMBER:	69
POSITION:	148-152
LINE REFERENCE NO:	17k(2).

NAME:	**Current FSS Amount Disbursed to the Family**
DESCRIPTION:	The current FSS amount disbursed to the family
TYPE:	Numeric
SIZE:	5
COMMENTS:	Use whole number. If 17b equals 'E' or is blank, put zero
EDITS:	
Warning:	• If 17b equals 'P' or 'X', must be less than 20000
Fatal:	• If 17b equals 'P' or 'X', must be greater than or equal to zero and less than 50000
FIELD NUMBER:	70
POSITION:	153-157
LINE REFERENCE NO:	17k(3).

NAME:	**Completed Contract Participation Indicator**
DESCRIPTION:	Indicates if the family exited the FSS program because of contract completion
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no.
EDITS:	
Fatal:	• If 17b equals 'X', must equal 'Y' or 'N'
Fatal:	• If 17b equals 'P' or 'E' or is blank, must equal 'N'
FIELD NUMBER:	71
POSITION:	158
LINE REFERENCE NO:	17m(1).

NAME:	**Left Because Family Moving to Homeownership Indicator**
DESCRIPTION:	Indicates if the family exited the FSS program and moving to homeownership
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no.
EDITS:	
Fatal:	• If 17m(1) equals 'Y', must equal 'Y' or 'N'
Fatla:	• If 17m(1) equals 'N', must equal 'N'
FIELD NUMBER:	72
POSITION:	159
LINE REFERENCE NO:	17m(2).

NAME:	**Reason for Exiting FSS**
DESCRIPTION:	Indicates the reason for the family's exit from the FSS program
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'A' for Left voluntarily, 'B' for Asked to leave program, 'C' for Portability move out, 'D' for Left because essential service was unavailable, or 'E' for Contract expired but family did not fulfill obligation.
EDITS:	
Fatal:	• If 17m(1) equals 'N', must be 'A', 'B', 'C', 'D' or 'E'
Fatal:	• If 17m(1) equals 'Y' or is blank, must be blank
FIELD NUMBER:	73
POSITION:	160
LINE REFERENCE NO:	17m(3).

NAME:	**Date Welfare to Work Voucher Issued**
DESCRIPTION:	Date voucher issued
TYPE:	Alphanumeric
SIZE:	8
COMMENTS:	Use MMDDYYYY format.
EDITS:	
Fatal:	• If 17e equals 'E', must be valued MMDDYYYY format
Fatal:	• If 17e equals 'P' or 'X' or is blank, must be blank
Fatal:	• If valued, must be earlier than or equal to 2b
FIELD NUMBER:	74
POSITION:	161-168
LINE REFERENCE NO:	17n(1).

NAME:	**Date for Request for Lease Approval (RFLA) for a Unit Leased**
DESCRIPTION:	Date of RFLA for unit leased
TYPE:	Numeric
SIZE:	8
COMMENTS:	Use MMDDYYYY format.
EDITS:	
Fatal:	• If 17e equals 'E', must be valued MMDDYYYY format
Fatal:	• If 17e equals 'P' or 'X' or is blank, must be blank
Fatal:	• If valued, must be later than or equal to 17n(1)
Fatal:	• If valued, must be earlier than or equal to 2b
FIELD NUMBER:	75
POSITION:	169-176
LINE REFERENCE NO:	17n(2).

NAME:	**Help in Housing Search – TANF Agency Indicator**
DESCRIPTION:	Indicates if a TANF agency helped the family find a unit
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no.
EDITS:	
Fatal:	• If 17e equals 'P' or 'X' or is blank, must equal 'N'
Fatal:	• If 17e equals 'E', must equal 'Y' or 'N'
FIELD NUMBER:	76
POSITION:	177
LINE REFERENCE NO:	17n(3)(A).

NAME:	**Help in Housing Search – Other Indicator**
DESCRIPTION:	Indicates if a group, other than the PHA or TANF agency, helped the family find a unit
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no.
EDITS:	
Fatal:	• If 17e equals 'P' or 'X' or is blank, must equal 'N'
Fatal:	• If 17e equals 'E', must equal 'Y' or 'N'
FIELD NUMBER:	77
POSITION:	178
LINE REFERENCE NO:	17n(3)(B).

NAME:	**Reason for Assisted in Different Unit – Closer to Day Care Indicator**
DESCRIPTION:	Indicates if the reason for assistance in different unit is closer to day care
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no.
EDITS:	
Fatal:	• If 17e equals 'E', must equal 'Y' or 'N'
Fatal:	• If 17e equals 'P' or 'X' or is blank, must be blank
FIELD NUMBER:	78
POSITION:	179
LINE REFERENCE NO:	17p(1).

NAME:	**Reason for Assisted in Different Unit – Transportation Indicator**
DESCRIPTION:	Indicates if the reason for assistance in different unit is transportation
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no.
EDITS:	
Fatal:	• If 17e equals 'E', must equal 'Y' or 'N'
Fatal:	• If 17e equals 'P' or 'X' or is blank, must be blank
FIELD NUMBER:	79
POSITION:	180
LINE REFERENCE NO:	17p(2).

NAME:	**Reason for Assisted in Different Unit – Pre-program Unit Would not meet HQS Indicator**
DESCRIPTION:	Indicates if the reason for assistance in different unit is Pre-program unit would not meet HQS
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no.
EDITS:	
Fatal:	• If 17e equals 'E', must equal 'Y' or 'N'
Fatal:	• If 17e equals 'P' or 'X' or is blank, must be blank
FIELD NUMBER:	80
POSITION:	181
LINE REFERENCE NO:	17p(3).

NAME:	**Reason for Assisted in Different Unit – Pre-program Unit Rent Above Payment Standard, Tenant Rent too High Indicator**
DESCRIPTION:	Indicates if the reason for assistance in different unit is Pre-program unit rent above payment standard, tenant rent too high
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no.
EDITS:	
Fatal:	• If 17e equals 'E', must equal 'Y' or 'N'
Fatal:	• If 17e equals 'P' or 'X' or is blank, must be blank
FIELD NUMBER:	81
POSITION:	182
LINE REFERENCE NO:	17p(4).

NAME:	**Reason for Assisted in Different Unit – Owner of Pre-Program Unit Unwilling to Participate Indicator**
DESCRIPTION:	Indicates if the reason for assistance in different unit is owner of Pre-program unit unwilling to participate
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no.
EDITS:	
Fatal:	• If 17e equals 'E', must equal 'Y' or 'N'
Fatal:	• If 17e equals 'P' or 'X' or is blank, must be blank
FIELD NUMBER:	82
POSITION:	183
LINE REFERENCE NO:	17p(5).

NAME:	**Reason for Assisted in Different Unit – Closer to Other Services Indicator**
DESCRIPTION:	Indicates if the reason for assistance in different unit is closer to other services
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no.
EDITS:	
Fatal:	• If 17e equals 'E', must equal 'Y' or 'N'
Fatal:	• If 17e equals 'P' or 'X' or is blank, must be blank
FIELD NUMBER:	83
POSITION:	184
LINE REFERENCE NO:	17p(6).

NAME:	**Reason for Assisted in Different Unit – Employment Indicator**
DESCRIPTION:	Indicates if the reason for assistance in different unit is employment
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no.
EDITS:	
Fatal:	• If 17e equals 'E', must equal 'Y' or 'N'
Fatal:	• If 17e equals 'P' or 'X' or is blank, must be blank
FIELD NUMBER:	84
POSITION:	185
LINE REFERENCE NO:	17p(7).

NAME:	**Family Moving to Homeownership Indicator**
DESCRIPTION:	Indicates if family is moving to Homeownership
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes; 'N' for no.
EDITS:	
Fatal:	• If 17e equals 'X', must equal 'Y' or 'N'
Fatal:	• If 17e equals 'P' or 'E' or is blank, must equal 'N'
FIELD NUMBER:	85
POSITION:	186
LINE REFERENCE NO:	17q(1).

NAME:	**Primary Reason for Leaving WtW Program**
DESCRIPTION:	Indicates the primary reason for the family leaving WtW program
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'A' for Portability move-out, 'B' for Family no longer needs subsidy, 'C' for Subsidy terminated for Section 8 program violation, other than WtW obligations, 'D' for Subsidy terminated for violation of WtW obligations, 'E' for Family voluntarily withdrew from Section 8 program, or 'F' for Other
EDITS:	
Fatal:	• If 17e equals 'X', must equal 'A', 'B', 'C', 'D', 'E' or 'F'
Fatal:	• If 17e equals 'P' or 'E' or is blank, must be blank
FIELD NUMBER:	86
POSITION:	187
LINE REFERENCE NO:	17q(2).

Transmission Footer

NAME:	**Record Identifier**
DESCRIPTION:	A number to identify the end of the file containing MTCS data
TYPE:	Alphanumeric
SIZE:	5
COMMENTS:	Set to 'MND58'.
EDITS:	
Fatal:	• Must be set to 'MND58'
FIELD NUMBER:	1
POSITION:	1-5
LINE REFERENCE NO:	n/a

NAME:	**Record Number**
DESCRIPTION:	A number to identify the record in the file
TYPE:	Numeric
SIZE:	6
COMMENTS:	The number is incremented by 1 for each subsequent record in the transmission.
EDITS:	None
FIELD NUMBER	2
POSITION:	6-11
LINE REFERENCE NO:	n/a

NAME:	**Number of Forms in Submission**
DESCRIPTION:	The number of 50058 forms included in the submission
TYPE:	Numeric
SIZE:	6
COMMENTS:	Must contain the number of 50058 forms sent to HUD.
EDITS:	None
FIELD NUMBER:	3
POSITION:	12-17
LINE REFERENCE NO:	n/a